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ABSTRACT

This report traces the history of the national reporting system for mental health statistics which started with the United States census of 1840, when the first attempt was made to enumerate "insane and idiotic" persons in the population. Section 1 traces the national reporting program on patients in mental institutions under auspices of the Bureau of the Census from 1840 until 1946. Section 2 describes the national reporting of patients in mental institutions from 1947 to 1981. Section 3 provides a summary and concluding remarks about the changes and expansion within the mental health care delivery system that have occurred over the years. Tables are included which detail the types of information gathered in the 1840-1846 censuses (e.g, agency responsible, initial and final survey years, coverage, and scope of information); the inventories of mental health facilities,1967-1981; and the client sample survey program, 1969-1981. The appendices, which make up the greater part of the report, include samples of the schedules and inventories used in the censuses, the mental health facility inventory forms, and a listing of mental health statistical notes and service system reports and other publications of the National Institute of Mental Health, Division of Biometry and Epidemiology. (LLL)

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# MENTAL HEALTH SERVICE SYSTEM REPORTS

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HEALTH AND HUMAN SERVICES
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Alcohol, Drug Abuse, and
Mental Health Administration
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# A History of the U.S. National Reporting Program for Mental Health Statistics 1840-1983

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MENTAL
HEALTH
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REPORTS

# A History of the U.S. National Reporting Program for Mental Health Statistics
## 1840-1983

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# Preface

This report traces the history of the national reporting program for mental health statistics which started with the U.S. census of 1840, when the first attempt was made to enumerate "insane and idiotic" persons in the population. With the formal establishment of the U.S. Bureau of the Census in 1880, the national reporting program became the responsibility of that agency, and gradually changed from a decennial enumeration of mentally ill and mentally retarded persons to an annual survey covering only patients served in mental institutions. By a 1946 Act of Congress (National Mental Health Act, Public Law 79-487), the national reporting program was transferred from the U.S. Bureau of the Census to the Mental Hygiene Division of the Public Health Service which in 1949 became the National Institute of Mental Health (NIMH).

Since 1949, NIMH has been responsible for the national reporting program. In collaboration with the States, NIMH has collected and disseminated data about the service delivery system that provides the Nation's mental health care. Statistical information supplied through the program has described not only where we are and where we have been, but also where we are going in terms of mental health care. The data show fluctuations in the use of facilities, in patient movement and characteristics, in staffing, and in expenditures.

This history, spanning more than 30 years, of voluntary, collaborative reporting makes the NIMH National Reporting Program a prime example of a fruitful, cooperative partnership between the States and the Federal Government. Data generated by the program are used extensively by mental health planners and administrators throughout the country. Because these data play a guiding role in the allocation of mental health resources, they, in turn, help to improve the quality of care the system can deliver.

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## Section I

# The National Reporting Program on Patients in Mental Institutions Under Auspices of the U.S. Bureau of the Census 1840–1946

### U.S. Census—1840

The first attempt to measure the extent of mental illness and mental retardation in the United States occurred with the U.S. census of 1840, at that time conducted under the direction of the Secretary of State. In 1840, in addition to enumerating persons with physical disabilities such as deafness and blindness, the census included the category "insane and idiotic"; persons so enumerated were divided into those under "private charge" (at home) or "public charge" (in hospitals, almshouses, and the like). However, as pointed out by Lakin,

> although the U.S. marshalls responsible for data collection as part of the census of 1840 were charged with the task of acquiring data on the number of "insane and idiotic" within their census tracts, no attempt was made to distinguish between the two groups. What is more, no operational definition was ever presented to the marshalls to systematize the determination of which persons belonged to the class of insane and idiotic. In short, the determination of insanity or idiocy fell to the persons conducting the census, or to those heads of households who responded to their questioning (Lakin, p. 5).

The respondents were simply asked whether any members of their households were "insane or idiotic" and whether they were under private charge or public charge.

Because of these deficiencies as well as a general laxness in the enumeration procedures, a review of the census results by the newly founded American Statistical Association uncovered many glaring errors. A report to the Select Committee on the Subject of Statistics of the House of Representatives outlined these errors. However, except for shifting the responsibility for the census from the Secretary of State to the newly created Department of the Interior and requiring census takers (U.S. marshals) to take an oath or affirmation relative to their duties, the Congress did not make any major changes in the types of data to be gathered in the 1850 census, nor did it alter the methodology for their collection.

### U.S. Census—1850–1870

Beginning with the 1850 census and continuing with those in 1860 and 1870, the "insane" (mentally ill) and the "idiotic" (mentally retarded) were treated as distinct categories and tabulated separately. The categories private charge (living in the community) and public charge (in institutions) were eliminated. Moreover, no definitions were supplied, although in 1870 the printed schedule indicated to enumerators that "only undoubted insanity is intended in this inquiry. The fact of idiocy will be better determined by the common consent of the neighborhood than by attempting to supply any scientific measure to the weakness of the mind or will" (Wright and Hunt 1900). In 1850, 1860, and 1870 as in 1840, the enumerator simply asked the respondent to list all members of the household, giving certain characteristics (for example, age, sex, color, occupation) and indicating if any members were deaf and dumb, blind, insane, or idiotic, or were paupers or convicts. However, in 1870 the categories pauper and convict were omitted (see appendix A).

### U.S. Census—1880

By 1880, it was apparent that the census procedures had not produced adequate enumerations of the insane and idiotic, and that the results of the previous censuses were questionable.

> In 1879, a bill was passed through both Houses of Congress providing important revisions in the methods previously employed in the Census of the United States. For one thing, this bill established a Census Office in the Department of the Interior. Additionally, the bill responded to the many problems evident in the censuses which had been conducted in the decennia prior to 1880 (Lakin, p. 11).

At this time, the newly designated Superintendent of the Census Office made a determined effort to make the enumeration of the insane and retarded as complete as possible. For this purpose, Frederick H. Wines, a distinguished statistician, was appointed special agent of the Census Office to head the section dealing with defective (insane, idiotic, blind, and deaf), dependent (paupers), and delinquent (criminals/convicts) classes and prepare a special report on these specific groups. With respect to the defective classes, this report provided data on the number of defectives not only in mental institutions, but also in jails, almshouses, and other institutions, as well as those at home. The procedures for accomplishing this enumeration were outlined by Limburg and Morse as follows:

> An extensive list of institutions throughout the United States was carefully prepared prior to the census so that few, if any, of the important charitable and correctional institutions failed to be enumerated. So as to get as complete a count of defectives outside of institutions as of those in institutions, the enumerator was required to enter the name of every such person enumerated by him both on the general population schedule and on a special set of schedules devised for the defective classes. The enumerator was urged to make inquiries of families, neighbors and physicians and to make a full report of each case. For this effort he was given additional compensation. In addition, the work of the enumerators was supplemented by sending questionnaires to 100,000 physicians in all parts of the United States, 80 percent of whom responded, asking similar questions on such insane or idiotic persons as fell within their sphere of knowledge. The information from each of these sources was gathered on line schedules and the lists were carefully checked to delete duplications. The information collected on the mentally ill and defective included not only the routine items of sex, color, age, and nationality, but also such items as forms of insanity and types of custodial care (Limburg and Morse 1950, p. 2).

Moreover, during the 1880 census, the Census Office tried to limit the concept of insanity by establishing a more precise definition of what constitutes this condition. Those responsible for the census of the defective, dependent, and delinquent classes reviewed existing diagnostic classifications in use by physicians in the United States and in other countries at that time. They encountered such diversity that no one classification scheme seemed entirely acceptable. As a result, the group developed, in consultation with members of the New England Psychological Association and other experts, a diagnostic classification encompassing seven distinct forms of insanity to be used in the 1880 census.[1]

The purpose of these steps was to obtain a more complete and accurate count of the "insane" and "idiotic" in the population, and to forge a better definition of what persons were to be included in these categories (see appendix A). This census included a first time reporting of the number of these persons (insane and idiotic) in institutions in the United States; and the published census report contained considerable evaluative comment of the findings lacking in prior censuses.

## U.S. Census—1890

The 1890 census included a special census of the insane, feeble-minded (formerly "idiotic"), deaf and dumb, and blind, as well as a report based on the findings. This special census was concerned only with the class of persons identified as "defective" in the 1880 study of defective, dependent, and delinquent classes. Paupers and convicts were not included (see appendix A).

"The census of 1890 represented a major retreat from the aims of the 1880 census. It was compiled by Dr. John S. Billings, a physician and librarian who was then Deputy Surgeon General of the U.S. Army. The query of physicians was omitted and much of the evaluative comment that distinguished the earlier census was discontinued" (Gorwitz, 1974, p. 184).

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[1] The diagnostic classifications were (1) mania, which manifests itself in a state of nervous, intellectual, and emotional exaltation and excitement; (2) melancholia, or a state of depression; (3) monomania, characterized by fixed delusions on particular subjects and often at a very early period of life; (4) paresis, or general paralysis of the insane; (5) dementia, which is the condition of imbecility into which mania and melancholia ultimately degenerate; (6) dipsomania, alcoholic insanity; and (7) epilepsy.

In the latter respect, the 1890 report consisted mainly of data in the form of tabulations, whereas the 1880 report, in addition to providing tabulated data, had described the findings and drawn conclusions from them. Other than these differences, the coverage of the 1890 special census was similar to that of 1880, and the statistical presentation, in general, followed the same lines.

## U.S. Census—1904

The 1900 census did not enumerate special classes. In 1902, an Act of Congress governing the work of the Bureau of the Census prohibited the Bureau from attempting any further general census (national enumeration) of special classes, and thereby limited future surveys of the insane and feeble-minded to those who were inmates in institutions. This change in procedure grew out of a concern about what the terms "insanity" and "feeble-minded" should cover. The insane and feeble-minded outside of institutions were excluded on the basis that there was no way to count them accurately and "until their numbers can be determined it is not the function of a statistical bureau to inquire into the subtle aspects of insanity as a disease" (U.S. Bureau of the Census 1906, p. 4).

Thus, beginning with a special census in 1904, the Bureau abandoned the concept of national enumeration and limited data collection to enumerating the insane and feeble-minded in public and private hospitals and institutions treating only this class of persons or maintaining a separate department for treatment of such persons. The special census was directed by John Koren, a statistician and a permanent employee of the Bureau of the Census. The head of each institution or a designated subordinate, acting as a special agent of the Bureau of the Census, filled out a census schedule as the basis for the enumeration. In this census, diagnostic categories were dropped, but data on geographic distribution and demographic characteristics (age, sex, race, nationality) of patients, as well as patient movement and maintenance expenditure were collected for the institutions (see appendix B).

## U.S. Census—1910

For the most part, the 1910 special census of the insane and feeble-minded in institutions was similar to the 1904 census and collected similar data on patients and institutions (see appendix B). Unlike the 1904 census, however, in which no data on diagnosis were collected, "an attempt was made to secure separate data on alcoholic psychoses and general paralysis, since at that time these forms of mental disease were comparatively well identified in those hospitals that were doing good psychiatric work" (U.S. Bureau of the Census 1926, p. 40).

## U.S. Census—1923-1946

The next census of patients in mental institutions was taken in 1923. Then, after a 2-year hiatus, an annual collection of data from these institutions began in 1926. In these censuses, conducted by the Bureau of the Census over the 1923-1946 period, an orientation similar to that employed in the 1904 and 1910 censuses was followed.

> The series has been, essentially, a bookkeeping project—a record of the movement of mental patients in and out of hospitals, with analysis of the number of admissions during the year and resident patients at end of the year in relation to age, sex, and the general population. There has also been a useful presentation of data on administrative personnel and maintenance expenditures. In contrast to earlier censuses, there has been no effort to measure the incidence and prevalence of mental illness in the general population (Limburg and Morse 1950, p. 3).

The 1923 census, as well as the 1933 and 1939-1946 censuses, included diagnosis as one of the variables to describe the patients in mental institutions. This resulted from the joint efforts of the National Committee for Mental Hygiene and the American Psychiatric Association to introduce a standard classification of mental diseases into most of the State mental hospitals in the country. The Surgeon General of the Army adopted the new classification in the same year, and it was used in all Army camps and hospitals. Eventually, it was adopted by the U.S. Public Health Service and the U.S. Bureau of the Census and by almost all public and private mental hospitals that had not introduced it in 1917 (U.S. Bureau of the Census 1926).

The methodology for data collection employed in the 1923 census, and essentially followed through to 1946, was somewhat more sophisticated than that of earlier censuses. Individual schedules were used for each resident, admission, discharge, or death. On another schedule, the movement of patient population during the year was reported. For State hospitals and institutions, two other schedules were used to obtain information on administrative personnel, value and acreage of institutional grounds and buildings, and financial operations. These schedules were completed by responsible staff members of the respective hospitals and institutions (see appendix C).

Coverage, that is, the types of hospitals for the mentally ill included in the censuses conducted between 1923 and 1946, varied to some extent in certain years. The 1923 census encompassed State, county, and city mental hospitals; hospitals controlled by the U.S. Veteran's Bureau; and private mental hospitals, as well as the psychiatric wards of general hospitals. From 1926 to 1930 the annual census was conducted only on patients in State mental hospitals; however, commencing in 1931, the annual census covered State, psychopathic, county and city, Veterans Administration, and private mental hospitals. The psychiatric wards of general hospitals were included in the 1933 census, but not again until 1939 and annually thereafter. Over the same time period, 1923 to 1946, the coverage of institutions caring for mental defectives and epileptics followed a parallel course. In 1923, State, Federal, city, and private institutions were included, whereas from 1926 to 1932 only State institutions were covered. After 1933, coverage each year was for the State, city, and private institutions.

## Section II

# The National Reporting Program on Patients in Mental Health Facilities Under Auspices of the National Institute of Mental Health 1947-1981

## National Reporting of Patients in Mental Institutions—1946-1966

The last year in which the annual census of patients in mental institutions was conducted by the U.S. Bureau of the Census was 1946. As a result of the National Mental Health Act (Public Law 79-487), which went into effect in 1946, the Federal Security Agency of the Public Health Service assumed the responsibility for administering the act and for establishing a National Institute of Mental Health (NIMH). The formal establishment of NIMH in 1949 represented basically an expansion of the Mental Hygiene Division of the Public Health Service to which had been delegated the responsibility for the institutional censuses in the 1946 Act. The first census of patients in mental institutions, conducted by the organizational unit that became the Biometry Branch of NIMH in 1949, was undertaken in 1947 and covered patients in State, county, city, psychopathic, and private hospitals for the mentally ill, mentally ill patients in psychiatric wards of general hospitals, Veterans Administration hospitals, and other Federal hospitals (for example, Public Health Service hospitals); patients in public and private institutions for mental defectives; and epileptics.

A primary goal set by NIMH as it assumed responsibility for the National Reporting Program was to improve both the quantity and the quality of the data collected, principally by enlisting the cooperation of the State Mental Health Authorities and working with them to bring about these improvements. Such collaborative effort between NIMH and the States has been a mainstay of the National Reporting Program over the years, and has become an even more important factor in current efforts to make the program more responsive to State and local mental health data needs.

The 1947 census introduced a major change in the method of data collection for the National Reporting Program. In previous censuses, data had been collected on individual line schedules that provided information on all patients "in movement." Beginning in 1947, data were in the form of consolidated reports (for example, all admissions during the year cross-classified by age, sex, and diagnosis), whereas personal data on individual patients "in movement" were no longer collected on line schedules (see appendix C). This procedure created more inflexibility in the data acquired and limited data analysis only to that contained in the consolidated reports. The rationale for this change included

- A reduction in the burden of paperwork required of reporting facilities;
- A reduction in the burden of processing the reported data, thereby increasing the timeliness of the data;
- Concerns about maintaining confidentiality of data reported on individual patients; and
- The fact that past censuses undertook relatively little analysis of the data contained in the individual line schedules in preparing the published reports.

The 1947 census report followed much the same pattern as those from 1923 to 1946, and presented essentially a bookkeeping account of the flow of patients into and out of mental hospitals and institutions for mental defectives and epileptics, together with data on administrative staff and expenditures. Historical and other summary tables were reported separately in shorter published releases. Specific categories of data collected in this census were movement of patient population by sex; first admissions by mental disorder, age, and sex; discharges by mental disorder, condition on discharge, and sex; number of persons comprising administrative staff by occupation and sex; and annual expenditues by purpose. All of these data were requested of State, county, city, and psychopathic hospitals for the mentally ill and of public institutions for mental defectives and epileptics. However, only the data on movement of patients and first admissions were requested of private mental hospitals, psychiatric wards of general hospitals, and private institutions for mental defectives and epileptics. For this census, information on the veterans' hospitals was obtained from the routine tabulations prepared by the Veterans Administration for its annual report rather than from reports received from individual hospitals. Because these data were less detailed than those requested by NIMH from other types of mental hospitals, they were presented in a separate section of the published report.

These annual censuses were conducted until the mid-1960s, when NIMH made substantial changes in its National Reporting Program. During this period, the coverage and the content of the censuses remained essentially as described above for the various types of mental health facilities, although occasionally certain patient movement categories and/or certain descriptive variables (that is, age, sex, mental disorder) were deleted or added or redefined; such changes are outlined in table A.[2]

## Model Reporting Area for Mental Hospital Statistics—1951-1966

Soon after NIMH assumed responsibility for the annual census of patients in mental institutions, the Institute recognized that although considerable data had been available on the characteristics of admissions to mental hospitals, little had been published on such items as discharges and deaths, or on the age, sex, diagnosis, and length of stay of resident populations. It was also apparent that only minimal data based on subjective definitions would be available unless NIMH took specific steps to improve the situation. Therefore, one of the first actions taken by NIMH was to determine how the annual census could be changed to overcome these deficiencies and to meet the current needs of Federal, State, and local mental health programs. With this goal in mind, NIMH began to develop a Model Reporting Area (MRA) for Mental Hospital Statistics. The following excerpt from an NIMH publication describes these initial steps:

> In late 1949, the Institute began a study of the reporting systems of 11 States which had central statistical offices operating under the supervision of a statistician. The study covered reporting methods employed, definitions of terms used to describe the movement of patients into and out of hospitals, and types of tabulations published on first admissions, readmissions, resident patients, discharges, and deaths.
>
> The results of this study revealed that only 2 of the 11 States used the same definition of first admissions. There were also wide variations in the definitions of discharge and in the classification of patients as "in residence." In addition it was found that it would be possible for each of the 11 States to produce additional tabulations, which would answer many of the questions constantly being asked of NIMH. The major problems were to create an awareness among the States of the need for this information and to insure uniformity in the data. It became clear that one of the first steps required was to obtain agreement among the States on definitions of basic terms used in describing hospital populations and to set up a mechanism for the exchange of information (National Institute of Mental Health 1962a, pp. 2-3).

Thus, in February 1951, NIMH invited the mental health administrators and statisticians of the 11 States (Arkansas, California, Illinois, Louisiana, Michigan, Nebraska, New Jersey, New York, Ohio, Pennsylvania, and Virginia) and the Veterans Administration to a conference to organize the Model Reporting Area for Mental Hospital Statistics. The goals of this organization were (1) to develop a strong statistical bureau in each State mental hospital system; (2) to develop and use standard definitions of the various categories of mental hospital patient movement; and (3) to produce a standard set of basic tabulations useful to every State mental hospital system. Membership in the organization was accorded to States able to meet these goals.

At a second conference held in 1952, the group evaluated the experience gained in using the tentative definitions set up the year before. This evaluation was the basis for a number of suggestions for revision of the definitions and for adopting a set of what were considered to be "workable" definitions.

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[2] Text tables A, B, and C follow text; see pp. 27-31.

The third annual conference, in 1953, saw the expansion of the Model Reporting Area (MRA) from the original 11 to 15 States. In addition to clarifying and improving the basic definitions, the group also studied the problems associated with analyzing the data being accumulated.

In the ensuing years, the Model Reporting Area continued to grow. By the mid-1960s, there were 34 member States. At the annual conferences held after 1953, the problems directly connected with preparing and interpreting MRA statistics continued to receive primary consideration. But participants also examined other areas of concern such as publishing more timely mental hospital statistics; obtaining uniform financial data; monthly reporting of mental hospital population movement data to determine the effects of seasonality on patient movement; conducting followup studies of cohorts of admissions to public mental hospitals to ascertain what factors account for differences in release or retention rates among participating States; and determining the effects of the introduction of psychotropic drugs on trends in hospital populations.

The annual conference of 1965 was the last to be designated as the Conference of the Model Reporting Area for Mental Hospital Statistics. With increased emphasis on community-based mental health programs, NIMH proposed in 1966 to drop the mental hospital model reporting concept in favor of a more comprehensive approach to statistics that included data not only from mental hospitals but also from outpatient clinics, community mental health centers, and other community-based mental health facilities. The annual conference, identified subsequently as a National Conference on Mental Health Statistics, included representatives from all 50 States and the District of Columbia. Despite this change, the Model Reporting Area goals and objectives of fostering the achievement of standards in statistical reporting and analysis and continuing to work with State agencies to develop uniform definitions, comparable tabulations, and special studies of interest to both NIMH and the States were retained.

## National Reporting Program on Outpatient Psychiatric Services—1954-1966

In the early 1950s, because of growing awareness of the importance of outpatient clinics for diagnosing and treating the mentally ill, NIMH, in cooperation with State Mental Health Authorities, began a nationwide reporting program for outpatient psychiatric clinic statistics. A trial run conducted in 100 clinics throughout the United States, as well as professional workshops and a national conference of representatives from clinic programs, preceded this national reporting program, which was established in July 1954. The goals of the program were to obtain basic information on the geographic distribution of outpatient psychiatric clinics, the number and kinds of professional staff, the number and characteristics of persons served, the amount and type of service received by patients, and the community-oriented services provided. These data, to be collected annually, were to serve as a basis for program planning and for measuring trends in the number and kinds of outpatient psychiatric clinics, in the use of these clinics, and in the composition of the professional staffs of the clinics. Before 1959, NIMH did not publish routine reports of data collected from outpatient psychiatric clinics. However, from 1959 until 1966, NIMH published two reports annually—one providing data on patients and the other, data on staff and staff hours. Also during this period, NIMH published occasional special reports dealing with selected topics such as community service activities of clinics, adolescent patients, older adult patients, and distribution of clinics by State economic areas.

In 1960, NIMH held regional meetings with State mental health authorities to establish a better understanding of the needs and problems of collecting information on outpatient psychiatric clinics. As a result of these meetings, it became apparent that, in addition to the problem of incomplete reporting, a number of reporting items and definitions required further study and clarification. These problems, in turn, led to the formation of an Outpatient Advisory Committee—a permanent advisory group including members from different geographic areas, professions, and levels of clinic operation—to advise NIMH on a nationwide reporting program for outpatient psychiatric clinics. Beginning with its first meeting in June 1961, the Committee met periodically. Special ad hoc committees also met to deal with and prepare reports on selected aspects of the outpatient clinic reporting system.

One such ad hoc committee was concerned with the liaison between the Outpatient Advisory Committee and the Model Reporting Area for Mental Hospital Statistics. On recommendation by this ad hoc committee, there was a regular exchange of observers at meetings of the Outpatient Advisory Committee and of the Model Reporting Area group to help integrate the separate reporting programs for inpatient and outpatient psychiatric services. In 1966, NIMH recommended the merging of the separate reporting activities of the Model Reporting Area for Mental Hospital Statistics and the Outpatient Advisory Committee into a unified national reporting program that would include reports from community-based psychiatric facilities not previously included in the routine reporting systems (for example, federally funded community mental health centers, other multiservice mental health facilities, residential treatment centers for emotionally disturbed children, halfway houses for the mental ill).

## National Reporting Program on Psychiatric Day-Night Services—1963-1966

In the early 1960s, an awareness of the growing importance of another type of psychiatric setting for the mentally ill, namely, psychiatric day-night services, led NIMH to form a committee, composed of NIMH personnel and clinicians in the field, to examine the possibility of establishing a reporting program for these services. The committee developed a working definition of the types of services that should be included in such a program and designed a one-page survey covering such items as auspices, eligibility requirements, caseload, type and number of professional staff, and services provided. This initial survey, conducted in May 1963, covered a universe of facilities that State mental health agencies and the Veterans Administration had identified as providers of day-night mental health services. From this survey, the universe of psychiatric day-night services was narrowed to those conforming to the NIMH definition. Similar surveys of these services were conducted in 1964 and 1965. Reporting for day-night services was later incorporated into a revised national reporting program begun by NIMH in 1968.

## Revision and Expansion of the National Reporting Program

In the mid-1960s, NIMH moved to consolidate its several national reporting programs (namely, those covering inpatient, outpatient, and day-night services), and to expand the program to include other newly established community-based psychiatric services. The events leading to this action, as pointed out by Kramer, were as follows:

> The passage of the Mental Health Study Act by Congress in 1955, provided for the establishment of the Joint Commission on Mental Illness and Mental Health for the purpose of analyzing and evaluating needs and resources of the mentally ill in the United States as a basis for making recommendations for a national mental health program. Consideration of the final report and recommendations of the Commission by top level groups within Federal and State governments and by various professional and lay groups led to a series of events which culminated in the message of the late President Kennedy to Congress on Mental Illness and Retardation in February 1963. This message proposed an intensified national program for mental health with the following major facets: comprehensive community mental health centers, improved care in State mental health institutions, expanded research effort, and increased support for training manpower for research and service. This led to the next major event, the passage by Congress, in October 1963, of the Mental Retardation Facilities and Community Mental Health Centers Construction Act. This law and similar ones enacted by various States stimulated the development of programs that accelerated the shift in the primary locus of care of the mentally ill from State hospitals to facilities located in the community (Kramer 1977, p. 2).

The 1963 Community Mental Health Centers Act (Public Law 88-164), therefore, emphasized coordination at the local level to improve the delivery of services to the mentally ill. In part, this improvement was to be accomplished by establishing some 2,000 community mental health centers (CMHCs) nationwide, each serving a defined catchment area and coordinating the mental health services delivered to residents of that area. By the mid-1960s, approximately 100 such centers were operating. Since almost all of the funding for the establishment and operation of these centers was initially provided by the Federal Government, NIMH was legislatively mandated to monitor these centers using a reporting program. Consequently, NIMH, in consultation with representatives from operating CMCHs, State Mental Health Authorities, and other concerned professionals in the field, developed a CMHC survey form to collect data primarily on services provided, caseload, staffing patterns, and expenditures. NIMH's intent at this time was also to consolidate and expand its mental health facility reporting system, so the survey form covered a broad range of facilities including not only federally funded CMHCs but also State, county, and private mental hospitals; general hospitals with separate psychiatric services; residential treatment centers for emotionally disturbed children; outpatient psychiatric clinics; mental health day-night facilities; and other multiservice psychiatric facilities. From this effort, a new survey form, the Inventory of Mental Health Facilities, was introduced in the 1967 reporting year.

NIMH also began to consider changes in its annual census of patients, which focused on the aggregate characteristics (age, sex, diagnosis) of patients under care in various types of mental health facilities. The result of this planning, augmented by recent developments in sample survey methodology introduced in the social science field, was a method for conducting sample surveys of the patients these facilities served. Such surveys made it feasible once again to collect detailed data on personal characteristics of individual patients without obtaining data on all patients served.

The following sections will deal in somewhat greater detail with developments in NIMH's use of these two survey mechanisms—the inventory and the sample survey—in the years following their introduction. Tables B and C present schematic outlines of the frequency and coverage of the various surveys conducted under the inventory program and the sample survey program, respectively.

## Inventories of Mental Health Facilities—1967-1981

The initial inventory of a broad range of mental health facilities was carried out for the year 1967. On the basis of this survey, NIMH determined that the design of the inventory form did not produce data that adequately described the operation of general hospital psychiatric services and federally funded community mental health centers. Thus, beginning with the inventory for 1968, separate inventory forms for these two facility types were introduced to supplement the inventory form used to obtain data from the other mental health facilities.

### Inventory of Mental Health Facilities

The latter form, referred to above, was designated the "Inventory of Mental Health Facilities." It specifically covered State and county mental hospitals, private psychiatric hospitals, Veterans Administration neuropsychiatric hospitals, residential treatment centers for emotionally disturbed children, freestanding outpatient mental health clinics, freestanding mental health day-night facilities, and other multiservice mental health facilities (see appendix D). From 1968 to 1981 the content of the Inventory of Mental Health Facilities underwent relatively little change. The following types of items were covered:

- Location of the facility and any affiliates,
- Geographical restrictions on population served,
- Type of control (ownership),
- Type of treatment programs provided (for example, inpatient, outpatient, day treatment, other partial care, halfway house, emergency),
- Age and diagnostic restrictions with respect to these programs,
- Selected patient movement data for various treatment programs,
- Types of emergency services provided,
- Staffing by discipline and training and by staff hours worked, and
- Expenditures.

These data were collected annually for State and county mental hospitals, private psychiatric hospitals, and Veterans Administration neuropsychiatric hospitals through the inventory covering the year 1975 and biennially thereafter. By contrast, the data collection for the other mental health facilities covered by this inventory form; namely, residential treatment centers for emotionally disturbed children, freestanding outpatient mental health clinics, freestanding mental health day-night facilities, and other multiservice mental health facilities, was done on a biennial basis beginning with the inventory for data year 1969 (table B). A shortened version of the Inventory of Mental Health Facilities form, to be used only for State and county mental hospitals in the years when other mental health facilities were not inventoried, was introduced for data year 1976 to obtain minimal data on types of treatment programs provided, inpatient caseload, staffing, and expenditures for these hospitals (table B).

From time to time, additional information was requested in the form of a supplement to the inventory. For example, in the inventory for data year 1974, NIMH conducted a special survey of physicians employed in State, county, and private mental hospitals and Veterans Administration neuropsychiatric hospitals to examine their demographic characteristics and selected professional credentials. Hospitals listed all physicians employed during a sample week in January 1975 and provided information on their age, sex, hours worked, licensure status, specialty board and certification, type of position held, citizenship, and country of medical degree. A similar survey of physicians employed in State and county mental hospitals was carried out in connection with the Inventory of Mental Health Facilities for data year 1979.

As a supplement to the Inventory of Mental Health Facilities covering data year 1975, all facilities furnished information on operation or supervision of community living programs, other than halfway houses, for people with mental health problems, along with some minimal data on the age, sex, and length of stay of residents in these programs.

### Inventory of General Hospital Psychiatric Services

A separate inventory form, designated the Inventory of General Hospital Psychiatric Services, was first used in 1968 to obtain data from all general hospitals with separate psychiatric services, including those of the Veterans Administration (see appendix D). The form was nearly identical to the Inventory of Mental Health Facilities form described above, except that the expenditure and staffing data items were broken out separately for the psychiatric inpatient and outpatient treatment programs maintained by these hospitals. Generally, other mental health facilities that provided treatment programs could not report these items separately. Beginning with the inventory for data year 1969, the Inventory of General Hospital Psychiatric Services was conducted on a biennial basis, and the content of the inventory form remained relatively unchanged through the inventory conducted for data year 1977 (table B).

When NIMH learned that the Center for Mental Health and Psychiatric Services of the American Hospital Association (AHA) was planning an inventory of a similar universe of hospitals for 1980–81, NIMH contacted AHA and proposed a joint survey to avoid duplication of effort. The two organizations together developed a survey form. This 1980–81 AHA-NIMH Special Survey of Psychiatric/Alcoholism Services Provided by General Hospitals, which expanded previous NIMH inventories by including alcoholism services, consisted of two phases. The initial phase was a screening questionnaire sent to all non-Federal general hospitals and to Veterans Administration hospitals. The purpose of the questionnaire was to identify hospitals having any kind of psychiatric or alcoholism services available (that is, beds or services regularly maintained, set up, and staffed for inpatient, detoxification, outpatient, partial hospitalization, or emergency use). Hospitals without such services were asked to what service they admitted, for diagnosis and treatment, patients with a primary diagnosis of mental disorder: nonpsychiatric or nonalcoholism inpatient, outpatient, or emergency services. The questionnaire also asked whether the hospital had plans to provide future services for psychiatric or alcoholism patients.

The second phase of the survey covered only those hospitals that had indicated the availability of psychiatric or alcoholism services. For the most part, the basic content of the survey form was similar to previous NIMH inventories of general hospital psychiatric services, focusing on types of treatment settings provided, caseload, staffing, and expenditures of both the psychiatric and the alcoholism services maintained as separate departments within the hospitals. Additional information not previously requested in NIMH inventories included:

- Whether the psychiatric and alcoholism services were integrated with other hospital departments, units, or services or affiliated with a community mental health center;
- Whether the hospital operated extended care facilities (for example, intermediate nursing facility, residential treatment center);
- Whether the hospital's mental health staff provided liaison, consultation, or assistance to other hospital staff or to community agencies; and
- Whether the hospital provided teaching programs for professional and nonprofessional mental health training.

### Inventory of Comprehensive Community Mental Health Centers

A separate inventory form, designated the Inventory of Comprehensive Community Mental Health Centers (CCMHCs), was first used in 1968 (see appendix D). NIMH, which was responsible for administering the federally funded CMHC program, used this survey as a component of a management information system designed to monitor these facilities to ensure that their operation conformed to the requirements of the CMHC legislation. This separate CMHC inventory form differed to some extent from the inventory forms used for other mental health facilities. The CMHC form focused on the five essential services (inpatient treatment, outpatient treatment, partial care, emergency service, and consultation and education services) mandated by the CMHC legislation. In addition to basic data on caseload, staffing, and expenditures, this inventory also collected information on amount and types of consultation and education services provided; sources of center funding; and aggregate characteristics (such as age, sex, diagnoses, previous psychiatric care, source of referral, and referral on discontinuation) of patients coming under care.

Between 1968 and 1979, the content of the annual Inventory of Comprehensive CMHCs did not change appreciably, although from time to time selected items were deleted or changed or other items were added. Through 1976, the Inventory of Comprehensive CMHCs covered the total universe of operating centers; however, from 1977 through 1979, the inventory covered only a representative national sample of CMHCs. This sampling procedure eased the burden of reporting for the CMHCs, reduced the amount of data processing and editing of the data, and increased the timeliness of that data.

From time to time, supplemental surveys focusing on some special aspect of the CMHC program were carried out in conjunction with the annual Inventory of Comprehensive CMHCs. Accompanying the CMHC inventory for 1970 was a supplemental survey that obtained detailed information on alcoholism services provided in CMHCs. In 1974, another supplemental survey focused on the collection of more detailed cost, reimbursement, and funding data for CMHCs.

In 1980, a revised inventory report form was developed to correct deficiencies; to respond to goals set by the Secretary of Health and Human Services for improving the national ability to manage the CMHC program; and to meet expected demands imposed by a new Mental Health Systems Act (Public Law 96-398). The new inventory form retained the strengths of the past system, but featured revisions suggested by State and local advisory groups as well as a variety of CMHC, regional office, and NIMH central office staff.

The basic change in the revised form was to ask for separate information for the directly operated components and for the affiliated components of the CMHCs. Data items for components operated directly by CMHCs consisted of sources of revenue; drug purchases; operating expenditures; number and type of staff and staff hours; amount and types of consultation and education services; types of program elements (inpatient/residential, partial, outpatient, emergency) provided, and size of caseload and total staff hours for each program element. For affiliated components of CMHCs (organizations or subunits thereof providing services to CMHCs under written agreement or by contract), the data items included the types of program elements provided and, for each program element, the number of CMHC clients served, the amount of service received by these clients, and the number of staff employed for their care, as well as the unit cost for the affiliated program element (the direct and indirect cost for units of service for *all* patients, not just CMHC clients, served in the program element). Aggregate information on the age, ethnicity, and primary diagnostic group of the entire CMHC (directly operated components only) was also requested.

The content of this revised form continued to provide descriptive information on the CMHC program as a whole. In addition, however, it provided the DHHS regional offices with an additional tool for assessing CMHC programs by generating specific performance measures for each CMHC. These performance measures reflect quantitatively three major goals outlined for the CMHC program: accessibility of services to all persons residing in the CMHC catchment area, financial viability, and productive and efficient operation of the center's program without endangering quality of care.

The 1980 Inventory of Comprehensive CMHCs was carried out under contract and included the total universe of CMHCs in operation as of January 1981.

### Inventory of Transitional Mental Health Facilities

Another group of mental health facilities—the freestanding transitional mental health facilities—was first surveyed for data year 1969 using a separate inventory form (see appendix D). This survey, conducted jointly by NIMH and the National Center for Health Statistics (NCHS), covered those facilities providing essentially residential services, rather than planned treatment programs, primarily to emotionally disturbed patients, alcoholics, or drug abusers. The survey included halfway houses, group care homes, and foster care homes. Programs of this nature that were components of other types of mental health facilities (mental hospitals, general hospital psychiatric services, CMHCs) and were reported in the inventories of those facilities were excluded from this survey. The content and design of the inventory form for transitional mental health facilities reflected the special nature of the operation of these facilities and thus differed markedly from the inventory forms used for other types of mental health facilities.

NIMH and NCHS jointly conducted subsequent separate inventories of transitional mental health facilities for data years July 1970–June 1971 and July 1972–June 1973, although the latter survey covered only halfway houses serving primarily the mentally ill or alcoholics. Also included with the July 1972–June 1973 inventory was a special supplement on the financing of halfway houses. The most recent inventory of halfway houses was conducted for data year 1975 as a cooperative effort between NIMH and Philadelphia's Horizon House Institute for Research and Development, which had also conducted independent surveys of these facilities. The 1975 inventory excluded halfway houses whose primary service was to alcoholics; it focused of psychiatric halfway houses and a new category of facilities, "community residences," that provide long-term housing and support for the mentally disabled. This change in the universe of facilities covered engendered selected changes in the content of the inventory form for 1975, including greater emphasis on information about sponsorship, licensure, sources of funding, and services provided and less detail on characteristics of clients served and types of staff employed.

### Inventory of Mental Health Organizations

As a result of continuing efforts to streamline its reporting program, NIMH developed a single reporting form for the inventory of mental health facilities conducted in 1981 (see appendix D). This new form, the Inventory of Mental Health Organizations, was designed to obtain a minimal body of information from State and county mental hospitals, private psychiatric hospitals freestanding psychiatric outpatient clinics, residential treatment centers for children, and other multiservice mental health facilities. Excluded from this new inventory were general hospital psychiatric services and Veterans Administration psychiatric services surveyed in the 1980–1981 joint AHA–NIMH special survey and freestanding transitional mental health facilities (halfway houses and community residences).

When, in 1981, Congress passed block grant legislation for mental health, drug abuse, and alcoholism programs (Omnibus Budget Reconciliation Act of 1981, Public Law 97-35), the legislation contained no provision for NIMH to continue monitoring the CMHC program. As a result, the separate Inventory of Comprehensive CMHCs was discontinued. For 1981, CMHC information was reported voluntarily, along with that for the other mental health facilities, on the new Inventory of Mental Organizations, thereby easing the reporting burden on CMHCs. Moreover, this single inventory form required only one set of clerical and computer edit procedures, instead of a different set of procedures for each inventory form. This made possible a more rapid feedback of data to the mental health organizations reporting in the 1981 inventory.

The new inventory form focused primarily on the structure of and services provided by each specific type of mental health organization. The form requests information on the type of mental health organization and its ownership or control; the location of the master unit of the organization and its directly operated components (treatment programs under the direct administration of the organization); the types of program elements these components include (inpatient care, residential treatment care, residential supportive care, partial care, outpatient care, and emergency walk-in service); the principal problem group served (mentally ill patient, alcoholics, drug abusers, mentally retarded persons, and specified others) for each program element; the extent of services to children and youth; caseload data for each program element; and staffing and expenditure data for the entire organization.

## Annual Census of Patient Characteristics—1968 to Present

When the Inventory of Mental Health Facilities began (January 1968), NIMH was still conducting its annual census of patient characteristics, consisting of aggregate data on the age, sex, and diagnosis of admissions and resident patients in State and county mental hospitals, private psychiatric hospitals, and public and private institutions for the mentally retarded; of terminations from outpatient psychiatric servies; and of discharges from general hospital psychiatric inpatient services. After 1968, the responsibiity for the annual census of patients in public and private institutions for the mentally retarded shifted from NIMH to a newly established Division of Mental Retardation within the Public Health Service. This division assumed sole authority for all Federal programs dealing with the mentally retarded. NIMH discontinued the census of patients discharged from general hospital psychiatric services after 1970 and the censuses of patients for private psychiatric hospitals and outpatient psychiatric services after 1971, inasmuch as similar data were more easily obtainable from the NIMH sample survey program begun then.

The census of patients (additions and resident patients) in State and county mental hospitals was not discontinued, however. For most States there was little burden in continuing to provide these data, inasmuch as the forms were completed by State mental health statisticians from data that were readily available and routinely collected at the State level. Moreover, this census provided baseline information on number of persons served in State and county mental hospitals; trend data on utilization patterns for the United States and for individual States; and comparative State data. State mental health program directors also used the data extensively for service and budget planning.

The content of the State and county mental hospital census form underwent no major change until the census for fiscal year 1981. Then, new diagnostic categories were introduced to reflect changes in diagnostic nomenclature appearing in the *Ninth Revision International Classification of Diseases, Clinical Modification* (ICD-9-CM) of the National Center for Health Statistics and the *Diagnostic and Statistical Manual of Mental Disorders*, Third Edition (DSM-III) of the American Psychiatric Association.

## Patient/Client Sample Surveys—1969-1981

The annual censuses of patient characteristics, discharges from general hospital psychiatric inpatient services, and terminations from outpatient psychiatric services were discontinued for all but State and county mental hospitals in the early 1970s. The major reasons for discontinuing them were:

- The burden on these particular types of facilities, many with insufficient recordkeeping staffs, to provide these data annually on a complete count basis;

- The burden on NIMH in processing these report forms in light of the continuing increase in the number of facilities, particularly general hospital psychiatric services and outpatient psychiatric services;
- The limited value of data collected in this manner for analytical purposes;
- The recognition of the growing need for more detailed and flexible data on characteristics of patients coming under care in various types of psychiatric services, particularly for program planning purposes;
- The development of sample survey methodology for collecting patient data that reduced the reporting burden and provided more detailed and flexible data; and
- The accessibility of adequate sampling frames as a result of more comprehensive and complete information about the universe of mental health facilities from NIMH inventories.

NIMH began its sample survey program in October 1969 through surveys of patients served in State and county mental hospitals and in outpatient psychiatric services (see appendix E). Periodic patient/client sample surveys were also carried out for selected types of mental health facilities between 1970 and 1981. Table C outlines the NIMH sample survey program between 1969 and 1981. The following is a brief description of that program.

### State and County Mental Hospitals

For the first sample survey of State and county mental hospitals. NIMH took a national sample of hospitals and asked them to provide information on admissions to and discharges from the inpatient services of these hospitals during a sample month, October 1969 (see appendix E). The requested data included such variables as age, sex, race, marital status, education, and diagnosis; source of referral; types of services provided; and referral after discharge. In processing the data from this and subsequent sample surveys for various types of mental health facilities, NIMH inflated the sample figures to represent the total admissions to and discharges from the specific facility type during a 1-year period. Because sample data had been collected on individual patients, NIMH could cross-classify data by several different variables in selected ways, thus permitting greater flexibility in the analysis of the data. However, State-by-State comparisons were not possible from this survey methodology, inasmuch as the national sampling was not done on a representative State-by-State basis.

The next sample survey of State and county mental hospitals was conducted in November 1970, using the same sampling procedures as the October 1969 survey. The 1970 survey, however, covered only inpatient admissions, and the content changed to reflect the kinds of data collected for the general population on the complete count schedule of the April 1970 U.S. Census, namely the age, sex, race, marital status, and relationship to household head of the patient (respondent), and similar data for each member of the family with whom the patient usually resided. For this survey, a 6-month followup of the sample cohort of November 1970 admissions was conducted. This survey obtained information about whether patients were terminated from the hospital's rolls and, if terminated, the type of termination (discharge, placement on long-term leave, or death), type of referral for those discharged or on leave, final diagnosis, and length of stay.

Subsequent sample surveys, which covered only inpatient admissions to State and county mental hospitals and used the same sampling procedures as described above, were conducted in October 1972, April 1975, and July 1980. For the most part, the content of these surveys was similar to that of the October 1969 survey. For the latter two (April 1975, July 1980), a 3-month followup was conducted to determine the patient's status, types of treatment received, type of referral on discharge, final diagnosis, length of stay, and source of payment.

### Outpatient Psychiatric Services or Clinics

The first two sample surveys of outpatient psychiatric services or clinics were carried out in tandem with the sample surveys for State and county mental hospitals in October 1969 and November 1970 (see appendix E). The categories of patients covered (admissions, discharges), the sampling procedures used, and the content of the surveys were almost identical to those for the State and county mental hospitals, except there was no followup of the outpatient admissions in the November 1970 survey.

The most recent sample survey of admissions to outpatient psychiatric services or clinics was conducted in May 1975, with a 3-month followup. Its content was similar to the October 1969 survey of admissions to these facilities.

### Private Psychiatric Hospitals

The first sample survey of private psychiatric hospitals, covering inpatient admissions, was conducted with the cooperation of the National Association of Private Psychiatric Hospitals in November 1970 (see appendix E). A different sampling procedure was used for these hospitals: it included all admissions to all hospitals during the sample month. The content of the November 1970 survey form resembled, to some extent, that of the October 1969 sample survey forms for State and county mental hospitals and outpatient psychiatric services, with only minor variations. The November 1970 survey included a 6-month followup of the admission cohort, along with a survey form similar in content to the followup form used for State and county mental hospitals at the same time.

Subsequent sample surveys of inpatient admissions to private psychiatric hospitals were conducted in April 1975 and June 1980, each with a 3-month followup. The survey forms were almost identical to those used for State and county mental hospital inpatient admissions, surveyed at the same time.

### Non-Federal General Hospital Psychiatric Inpatient Units

The first sample survey of non-Federal general hospital psychiatric inpatient units was conducted in February 1971 by the American Hospital Association (AHA) under contract to NIMH (see appendix E). Data were processed and analyzed by NIMH and results were shared with AHA. This survey covered a sample of discharges from a national sample of general hospital psychiatric inpatient units during the sample month; it contained data items similar to those NIMH included in previous sample surveys conducted in October 1969 and November 1970 in other types of mental health facilities. NIMH conducted subsequent surveys of discharges from general hospital psychiatric inpatient units, similar in content to the earlier survey, under a contractual arrangement with AHA in February 1975 and February 1981.

### Veterans Administration Medical Center Psychiatric Inpatient Units

NIMH conducted a first-time sample survey of admissions to Veterans Administration medical center psychiatric inpatient units in February 1981, with the cooperation of the VA. This survey covered a sample of admissions to the psychiatric bed sections of all VA medical centers during the sample month, and included a 3-month followup of these admissions. Content of this sample survey was similar to that of past and current sample surveys conducted by NIMH in other types of mental health facilities.

### Panel Survey of Federally Funded Community Mental Health Centers

Until 1981, NIMH followed the progress of the federally funded CMHCs only through the annual Inventory of Comprehensive CMHCs. These inventories yielded aggregate statistics on clients served and services delivered. To improve the detail of information collected and, simultaneously, to lower the total reporting burden on CMHCs, NIMH tested, under contract, the feasibility of collecting client-specific data using procedures tailored to local data collection systems in a representative sample of 16 CMHCs. The test showed that these procedures would produce acceptable client-specific admission, service, and discharge data. During 1981, the procedure was extended to two more panels, each consisting of 16 CMHCs. The resulting pool of client-specific data from this survey has provided answers to the questions of many researchers, policymakers, funders, and planners about types of clients receiving particular types of services. Data from the survey also have been used to examine the relationship between centers' organizational characteristics and the patterning of their clientele and services; to examine centers' services to the chronically mentally ill; and to examine the extent to which centers collect data on clients' functional levels on admission and discharge. The panel survey was discontinued as a result of the Omnibus Budget Reconciliation Act of 1981 (Public Law 97-35), which included CMHC services in block grants to States.

### Residential Treatment Centers for Emotionally Disturbed Children

A sample survey of residential treatment centers for emotionally disturbed children (RTCs) was conducted for the first time in 1980. This survey obtained information on a sample of the patients discharged from a representative sample of RTCs during the 1-year period between October 1979 and September 1980. Data items on the survey form included dates of admission to and discharge from the RTC, age, sex, race, previously received mental health services, legal status, psychiatric diagnosis, reason for discharge, and source of payment. The purpose of this survey data was to determine the feasibility of conducting future sample surveys of clients of these facilities.

## Special Surveys and Projects

Between 1947 and 1981, NIMH conducted special surveys and helped develop special projects to augment the information from its routine data collection activities. Following is a brief description of each of these special surveys and projects.

### Preliminary Surveys

In 1947, when the Mental Hygiene Division of the Public Health Service (reorganized as NIMH in 1949) assumed responsibility for the National Reporting Program on patients in mental institutions from the U.S. Bureau of the Census, it continued the practice, initiated by the Census Bureau in the early 1940s, of releasing preliminary data abstracted from the annual censuses of mental patients. These data were published in brief reports, titled *Mental Health Statistics—Current Facility Reports,* before publication of the more detailed data from the censuses in the annual report, *Patients in Mental Institutions.* The preliminary data, which focused primarily on public mental hospitals and public institutions for the mentally retarded, served to meet requests from the U.S. Congress, State legislators, and mental health administrators and planners for the most current information necessary for Federal and State budget hearings and program planning purposes.

In order to obtain more current data, in 1957 NIMH introduced a special survey in cooperation with the State mental health authorities, the Preliminary Survey of State and County Mental Hospitals. This annual one-page survey collected minimal patient movement data (admissions, resident patients, discharges, death, transfers, and placements on and returns from leave) and administrative data (total expenditures and total staff) from these hospitals shortly after the end of the fiscal year before it was reported in more detail in the annual census.

Similar preliminary surveys were initiated for public institutions for the mentally retarded in 1962, and for outpatient psychiatric clinics in 1966, in order to provide more current data to Federal, State, and local mental health administrators and planners than could be obtained from the annual censuses of these facilities. Both of these surveys were discontinued after fiscal year 1968, when national reporting for public institutions for the mentally retarded was delegated to another Federal agency and the new Inventory of Mental Health Facilities could meet the data needs with respect to outpatient psychiatric clinics.

The Preliminary Survey of State and County Mental Hospitals underwent some revision in fiscal year 1969 to make the wording of questions and definitions consistent with the changes introduced in the 1968 Inventory of Mental Health Facilities, as well as to restrict questions on staffing and expenditures to inpatient services. This survey was conducted annually through fiscal year 1977, when it was supplanted by the shortened version of the NIMH inventory form for these hospitals.

### Psychiatric Case Registers

The impetus for establishing psychiatric case registers came in the early 1960s with the recognition that 1) the care of the mentally ill was shifting away from the mental hospital to outpatient psychiatric clinics, psychiatric units of general hospitals, and other types of community-based facilities and 2) a mechanism was needed to follow patients through episodes of psychiatric care as they moved from one facility to another.

Thus, the first psychiatric case register was developed in Monroe County [Rochester] New York in 1961 and was followed by similar registers in Washington Heights in New York City; Dutchess County, New York; a three-county area in North Carolina; and the entire States of Maryland and Hawaii. Each of these registers included the reporting of admissions and movement of patients through all of the psychiatric facilities in these areas, and the linkage of information on specific patients as they moved from one facility to another. The Monroe County register included not only the psychiatric facilities, but also the offices of private psychiatrists in that area. Such registers permitted, for the first time, the measurement of unduplicated counts of patients served in defined geographic areas. They also permitted detailed study of patterns of care of patients in these areas (Pollack et al. 1974, p. 322).

Initial funding for the establishment and early development stages of these registers was, in most cases, provided by NIMH with the stipulation that the jurisdictions in which the registers operated would gradually assume full responsibility for funding. Because of staffing, funding, and reporting burdens, as well as confidentiality issues, encountered in recent years, all of the registers cited above have ceased operation.

### Census Matching Study

NIMH began this study in 1960 in cooperation with the Louisiana Department of Hospitals, the Maryland Departments of Mental Hygiene and of Health, and the U.S. Bureau of the Census, to determine the rate at which persons in specific populations groups, defined primarily by a number of socioeconomic and family relationship variables, come under psychiatric care. "Data of this type were needed to help plan for the development of programs of psychiatric care and to provide a set of hypotheses for further study into the etiology of mental disorders" (Pollack 1965, p. 107). The study was designed to take advantage of information that the 1960 U.S. Census made available on the detailed characteristics of the population. It involved collecting basic identifying information on each person admitted to the public and private inpatient and outpatient psychiatric facilities in Louisiana and Maryland during the year following the census. This information was forwarded to the Bureau of the Census, which held the 1960 census schedules for these individuals; and detailed information on the demographic, socioeconomic, and family relationship characteristics of these patients was abstracted and tabulated. Corresponding tabulations for the general populations of the two States permitted computation of admission rates to psychiatric services within population groups. The census-matching method offered two advantages over methods requiring collection of such data either directly from the patient or from case records. First, both the numerator and the denominator for computation were obtained from the same census schedules, ensuring that the persons coming under psychiatric care were, indeed, related to the population in which they were classified. Second, detailed information about the patient and the patient's family was obtained without extensive interviewing. Changes in policies at the Bureau of the Census precluded the use of the 1960 census-matching methodology in conjunction with subsequent decennial censuses. However, NIMH conducted sample surveys in 1970 using survey forms patterned after the 1970 complete count census schedules used by the Bureau of the Census.

### Census of Veterans Resident in Public Mental Hospitals

In November 1967, NIMH, in cooperation with the Veterans Adminstration, conducted a census of male veterans residing in public mental hospitals. The VA used these data to determine the extent to which VA patients were using non-VA facilities for treatment in order to estimate the future needs of veterans for psychiatric services. NIMH conducted no subsequent surveys of this type. However, the VA collaborated with NIMH again in 1981 to conduct a sample survey of admissions to the psychiatric bed sections of all VA medical centers.

### Survey of Discontinuations From Inpatient Services of State and County Mental Hospitals

NIMH conducted a special survey of the age and diagnostic characteristics of patients discharged from the inpatient services of State and county mental hospitals during fiscal year 1969 in 16 States that were able to report such statistics. By examining the ratios of the number of discharges per 100 average resident patients, it was possible to measure the differential rates at which patient population groups with specific characteristics (for example, age, diagnosis) move out of the hospitals. Results of this survey were limited, since only nine States included data for all categories of discontinuations (direct discharges, discharges to other facilities outside of the State mental hospital system, and placements on long-term leave), whereas the other seven States included only *one* or two of the categories. NIMH did not repeat this type of survey.

### Survey of Emergency Mental Health Services in Non-Federal General Hospitals

In January 1972, the Center for Studies of Suicide Prevention of NIMH, in cooperation with the Biometry Branch, jointly contracted with the American Hospital Association to conduct a followup survey of non-Federal general hospitals identified as providing emergency mental health services in the 1971 AHA annual survey of hospitals. The followup survey, incorporating a more precise definition of emergency mental health services, was designed to 1) ascertain which of these general hospitals met this definition and 2) obtain some basic information about the operation of their emergency services. NIMH used the findings of this survey principally for publication of its *Directory of General Hospitals Providing Walk-In Emergency Mental Health Services.*

### Survey of Residential Treatment Centers for Emotionally Disturbed Children and Psychiatric Hospitals for Children

In recongition of the need for comprehensive national data on residential psychiatric facilities for children, NIMH conducted a special survey in August 1972 with the cooperation of State mental health and hospital authorities. The categories of facilities surveyed included all residential treatment centers for emotionally disturbed children (RTCs) and psychiatric hospitals for children. The purpose of the survey was to learn about the nature of the diagnostic, educational, and treatment services provided; diagnostic and age restrictions regarding admission; resources and expenditures; staffing; age and sex of resident patients; and admissions, length of stay, and discharges. For RTCs, which were routinely covered in the NIMH Inventory of Mental Health Facilities, this special survey provided more comprehensive and detailed data than had been obtained in the general purpose inventory form used for all types of mental health facilities.

### Survey of Inpatient Treatment Units for Emotionally Disturbed Children

In conjunction with the survey of residential treatment centers for emotionally disturbed children and psychiatric hospitals for children, NIMH also conducted a survey of inpatient treatment units for emotionally disturbed children in all State and county mental hospitals and private psychiatric hospitals in August 1972. Except for the deletion of data items on expenditures and revenues, the content of the questionnaires for the two surveys was almost identical. Findings from the two surveys were combined to show a detailed overview of the treatment services for children provided by the facilities covered.

### Study of Multiservice Psychiatric Facilities

In January 1974, NIMH conducted a special survey of those mental health facilities identified in its Inventory of Mental Health Facilities as multiservice psychiatric facilities, exclusive of federally funded CMHCs. The purpose of the survey was to obtain more detailed information about the operation of these facilities than was routinely available from the NIMH inventory. This survey collected data on the administrative organization of the facility, types and frequency of psychiatric services provided, admission restrictions, caseloads, number and type of staff, staff hours by types of activity, recipients of consultation, type of consultation provided, and income groups served. NIMH has conducted no subsequent surveys of this type.

### National Study of Hearing Impaired Patients in Psychiatric Hospitals

This 1979 study, developed under contract with NIMH by the Office of Demographic Research of Gallaudet College, Washington, D.C., was designed not only to furnish NIMH with some detailed data on demographic and other characteristics of patients in State and county mental hospitals, but also to provide Gallaudet College with additional information on patients designated as having hearing impairments. The study was conducted on a national sample of State and county mental hospitals and information was obtained from samples of patients resident in these hospitals during 1979.

## National Reporting Program—NIMH Staff Responsibilities

The NIMH National Reporting Program, from its inception in 1947 to the present, for the most part has been carried out directly by NIMH staff. For the annual censuses of patients in mental institutions, the inventories of mental health facilities, the sample surveys of patients, and many of the special surveys and projects, NIMH staff had major responsibility for all phases of the survey procedures. This responsibility includes design of the survey forms, collecting data (that is, mailout and followup of the reporting forms), processing and editing reported data, and analyzing and publishing the survey results.

In the case of survey projects done on a contract basis, NIMH staff served as project officers and were often directly involved in one or more of the survey procedures, most often with forms design and the data processing and analysis phases of the surveys.

## NIMH National Reporting Program—Collaborative Activities

Many of the inventories and surveys of mental health facilities conducted either inhouse by NIMH or under contract have been done with the support of or in collaboration with various public or private agencies and organizations (for example, State Mental Health Authorities, the American Hospital Association, The National Association of Private Psychiatric Hospitals, and the Veterans Administration). In addition to these collaborative data collection endeavors, NIMH also has been working cooperatively with some of the same organizations and agencies to eliminate duplication and to improve mental health data collection. A brief description of some of the major efforts in this area follows.

### Mental Health Statistics Improvement Program (MHSIP)

The NIMH mental health data system always has operated and continues to operate largely on a voluntary basis. No Federal funding goes to State or local programs supporting data collection and reporting to NIMH. The NIMH program is the only major national human services data program that functions this way. The structure of the system is such that Federal reporting is primarily facility-based, since most State-level agencies have not had the capability to collect, process, and analyze data from all mental health programs in the State. The resulting statistical information has been useful for Federal planning and research. It has not been particularly useful for the States, because timeliness in the data, necessary for policy formation at State level, has been lacking. In addition, where statistical systems have existed at the State level, they often have lacked uniformity of information content, such that intra- and inter-State comparisons and analyses have not been possible.

NIMH has a substantial history of working with States to provide meaningful national mental health data, including efforts to standardize definitions and agree on common data elements. In the field of mental hospital statistics, the earliest of these efforts was the Model Reporting Area Program (MRA), developed by NIMH and a small group of States in 1955. As previously noted, this was an agreement by NIMH and the States to accept standards, definitions, data elements, and reporting requirements focused on statistics from long-stay public psychiatric hospitals. If the mental health field had not changed, the MRA might have reached its goal of including all the States. However, program emphases and data needs changed and resources at the Federal and State level were shifted into reporting from community-based organizations beyond public mental hospitals.

Based on this history of working with States to develop integrated mental health statistical reporting, the Division of Biometry and Epidemiology (DBE), NIMH, initiated in 1976 a program that would upgrade the capabilities of State mental health data systems and result in a more integrated mental health statistical reporting system for the Nation. NIMH believed that improved national mental health data hinged on the enhanced capacity of States to collect, process, analyze, and use the data. Therefore, the Mental Health Statistics Improvement Program (MHSIP) proposed that State Mental Health Authorities be offered an opportunity to work cooperatively with NIMH and serve as a focal point for collecting broad-based mental health data. The proposed goals were to enhance State, local, and national mental health agencies' capacity to respond to local, State, and national needs for mental health program management data; train sufficient systems and statistical personnel required to collect, process, and analyze data generated by these systems; and provide an ongoing cost-sharing mechanism in the production of data required by the Federal system. In addition, the MHSIP sought to accomplish a significant aspect of data enhancement by providing uniform definitions and content for statistical information. Programs at all levels would then have minimum guidelines for the items they should be collecting and the minimum amount of detail that should be included. In addition, a conceptual model for a potential national system was to be provided in order to develop a framework within which local and State systems could participate.

Since the activation of MHSIP in 1976, a number of activities have been carried out to bring its goals to fruition. An ad hoc advisory group consisting of representatives from State mental health programs has worked with DBE to elaborate the details of MHSIP and guide the work of technical task forces organized to fill in the details of the broad outline created by this advisory group. The first area of concern was a consideration of the data needed uniformly at the local, State, and national levels. Toward this end, the ad hoc advisors gave guidance to the work of the following task forces:

- Committee on Definitions for Use in Mental Health Information Systems
- Facilities Data Set Task Force
- Client/Patient Data Set Task Force
- Manpower Data Set Task Force

Membership in these task forces included representatives from local, State, and national mental health programs. Other Federal agencies were also involved from the outset both on the advisory group and on each task force. These included the National Center for Health Statistics (NCHS), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA). A representative from the National Association of State Mental Health Program Directors also participated in the ad hoc advisory group.

The reports of the task forces were reviewed by a very broad group of mental health statisticians. Moreover, the State representatives felt their peers should be involved in reviewing the uniform data sets produced by the task forces; consequently, a major focus of the 1977 National Conference on Mental Health Statistics, sponsored by NIMH, was an intensive, small-group review of each data set. This array of reviews resulted in reasonable and useful data sets. Subsequent to this review, the ad hoc advisory group urged the wide dissemination of the data sets to State and local programs. The group suggested that, as information systems were designed or revised, consideration should be given to incorporating the data sets, with their definitions and categories.

As the reports of the data set task forces were completed, the State advisors urged NIMH to begin plans for integrating there reports into a comprehensive national mental health statistics system. A task force consisting of State and local representatives and personnel from NIMH, NCHS, NIAAA, and NIDA was therefore designated to deal with systems design and implementation. The task force considered requirements analysis, system design issues, and several potential models before deciding on which model to recommend to the advisory group. The report of this task force proposed an integrated routine mental health statistics system of which the States would be the focal point, collecting statistics and reporting data to NIMH. Each local provider would collect certain data and report them to the State level.

The work of the ad hoc advisory group and the various task forces led to uniform content for client/patient, personnel, and organizational data systems, and a system design for recording and reporting these data. The National Association of State Mental Health Program Directors (NASMHPD) has given strong support to this effort, most recently by establishing a Standing Committee on Statistics, Research and Evaluation, consisting of State mental health commissioners and technical representatives. This committee's primary objective of giving further assistance to MHSIP is currently being implemented in most States. In 1982, NASMHPD conducted a pilot survey, with the cooperation of NIMH and the State Mental Health Authorities, to see how well States were able to aggregate certain administrative and patient movement data from all State-owned, -operated, or -funded mental health facilities and report these data to NASMHPD on one consolidated report form. The results of these recent endeavors were to be used to refine MHSIP. The data thus collected are eventually to be used for comparisons both within and among States, as well as for reporting to NIMH.

### National Center for Health Statistics (NCHS)

NIMH has always had and continues to maintain a close liaison with NCHS. Since the two Federal agencies each conduct health facility inventories and sample surveys, they must work together to avoid duplication and to reduce the reporting burden on facilities. When each inventory is complete, NIMH and NCHS share data tapes on the facilities covered in their respective inventories, thereby ensuring that the two national data collection programs are complementary.

### National Institute on Alcohol Abuse and Alcoholism/National Institute on Drug Abuse

In the early 1970s, both the alcoholism and the drug abuse programs of NIMH were given separate Institute status, thereby creating the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). Overall direction of the three Institutes was provided by the newly estabished Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA).

Although each institute functioned independently, they worked closely together to coordinate their programs and prevent duplication of effort. Thus, as is the case with NIMH and NCHS, the three Institutes established a cooperative working relationship to coordinate program efforts, conduct collaborative studies, and share information of mutual interest.

## NIMH Publication Series Based on the National Reporting Program

Beginning in 1947, when the Biometry Branch of NIMH assumed responsibility for national reporting on patients in mental health facilities, and continuing through 1966, data from the annual censuses of patients were reported in the NIMH publication series *Patients in Mental Institutions*. These publications, similar to their forerunners published by the U.S. Bureau of the Census, focused on presentation of basic data reported from the various types of mental health facilities. Data for the United States and, in many instances, for each State, were presented, but no detailed analyses of the data were provided, other than brief descriptions of certain highlights and major trends in the data.

Over approximately the same time period, 1947–1969, preliminary data were published in brief annual reports titled *Mental Health Statistics—Current Facility Reports*. These data were initially abstracted from the annual censuses of State and county mental hospitals and public institutions for the mentally retarded and subsequently obtained from special preliminary surveys of these facilities and outpatients psychiatric clinics. After 1969, the preliminary survey data were reported in the Mental Health Statistical Note series described below.

Along with the introduction of the Inventory of Mental Health Facilities survey in 1967, the Biometry Branch of NIMH also made major changes in its publication program. The series, *Patients in Mental Institutions*, was discontinued, and in its place several new publication series were introduced, incorporating data from the preliminary surveys, the annual censuses of patients, the inventories of mental health facilities, the sample surveys of patients begun in 1969, and related data and information. The formats of these new publication series were as follows:

1.—*Mental Health Statistical Note Series*—relatively brief presentations of data (generally 5 to 20 pages) dealing with specific topics (for example, length of stay in general hospital psychiatric inpatient units, source of funds for community mental health centers, educational level of admissions to State mental hospitals, and the like). Content usually includes tabular presentations of data and a brief description of the highlights of these data.

2.—*Mental Health Statistics, Series A-Mental Health Facility Reports*—more detailed presentations of descriptive data for a specific type of psychiatric facility (for example, private mental hospitals, residential treatment centers for emotionally disturbed children, and so forth) covering such items as caseload, staffing, expenditures, and characteristics of patients served. Content usually includes background material, summary and detailed tabulations of data, and detailed textual presentation of the data highights.

3.—*Mental Health Statistics, Series B-Analytical and Special Study Reports*—more detailed presentations of descriptive data where a particular group of patients such as schizophrenics, alcoholics, or children is examined relative to their patterns of care across a whole range of psychiatric services; or where comparisons of administrative data such as staffing or expenditures are made between different types of psychiatric facilites. Content is, for the most part, similar to that described above for the Mental Health Facility Reports.

4.—*Mental Health Statistics, Series C-Methodology Reprots*—covers descriptions of new statistical methodology, data collection procedures or models, new analytical techniques, and evaluation of data collection procedures.

5.—*Mental Health Statistics, Series D-Conference or Committee Reports and Analytical Reviews of Literature*—covers the reports of conferences or committees dealing with various aspects of the national reporting program and data collection activities, or presents analytical reviews of the literature on subjects of general interest to the mental health field.

This new series of reports was not published regularly, but was produced in response to expressed needs for specific types of mental health information emanating from the field. Thus, during a 1-year period a number of Statistical Notes and several of the more detailed series reports might constitute the output from NIMH.

Beginning in 1980, NIMH revised its publication program by reserializing the *Report Series on Mental Health Statistics*. The *Statistical Note Series* remained unchanged, continuing to present brief summaries of data focusing on limited topics or specific questions. Series A through D of the *Report Series on Mental Health Statistics*, however, were replaced by the *Mental Health Service System Reports*, which are designed to reflect more accurately the research, data collection, and program activities of the division. The new *Mental Health Service System Reports*, consisting of Series AN through HN, encompasses eight specific topics as follows:

AN—Epidemiology
BN—Needs Assessment and Evaluation
CN—National Statistics
DN—Health/Mental Health Research
EN—Mental Health Economics
FN—Information Systems
GN—Methodology
HN—Occasional

The new report series, like the old, presents detailed data on broad subject areas and includes special studies, methodological advances, new analytical techniques, and conference proceedings.

In addition to these publications, NIMH has periodically published directories of mental health facilities based on its continually updated listings of these facilities and the information obtained from the national reporting program about their organization and operation. The earliest directory was published for 1954, and the most recent directory was based on information from the inventories of mental health facilities covering 1977. NIMH also has published directories of specific types of mental health services, based on special surveys, from time to time. Examples are the *1973 Directory of General Hospitals Providing Walk-in Emergency Mental Health Services*, and the *1973-74 Directory of Halfway Houses for the Mentally Ill and Alcoholics*.

Other publications based on the NIMH National Reporting Program have included the inhouse publication of tabulated data for selected types of mental health facilities from the NIMH inventories and annual censuses of patients. The tabulations serve to provide feedback data on a routine basis for purposes of observing trends and making comparative analyses. Two examples of these routinely published tabulations have been data by age, sex, and diagnosis for admissions and resident patients from the annual census of patients in State and county mental hospitals and provisional data for the federally funded community mental health centers abstracted from the annual inventory of these facilities. The latter inventory was discontinued after 1980.

A complete listing of the mental health statistical notes and the series reports as well as other NIMH publications based on the National Reporting Program is provided in appendix F.

## Section III

# Summary and Conclusions

In tracing the history of the National Reporting Program for mental health statistics, its most striking characteristic has been its responsiveness over the years in adjusting to the needs for more accurate and reliable data and to the many changes that have come about in the Nation's mental health care delivery system as a result of social, economic, and political factors affecting the care and treatment of the mentally ill.

In its years under the direction of the U.S. Bureau of the Census beginning in 1840, the National Reporting Program progressed from the rather inaccurate door-to-door counts of severely mentally ill and retarded persons (insane and idiotic) in households, hospitals, and almshouses carried out in the censuses between 1840 and 1880; to more stringent procedures for counting the mentally ill and retarded in institutions and the community in the 1880 and 1890 censuses. Finally, as a result of concern that the numbers of mentally ill and retarded in the community could not be accurately enumerated, a 1902 Act of Congress limited future surveys to inmates of institutions, beginning with the 1904 special census of that population. From the 1904 census up through 1946, the Census Bureau continued to have responsibility for these surveys. During that time, standards for classifying mental illness were adopted by almost all public and private mental hospitals in the United States; starting with the 1923 census of patients in mental institutions, diagnosis was included as a significant variable in these censuses. Beginning in 1926, the census of patients in mental institutions changed from a periodic to an annual survey, thereby spurring the development of more accurate and timely trend data on these institutions.

Increasing national concern about the mentally ill and mental health care brought about the enactment in 1946 of the National Mental Health Act, which mandated that the U.S. Public Health Service 1) assume responsibility for the future enumeration of patients in mental institutions and 2) establish a national institute of mental health. The first census of patients in mental institutions, under this new legislation, was carried out in 1947 by the organization that, in 1949, became the Biometry Branch of the newly formed National Institute of Mental Health. In this census, for the first time, data were requested from the participating mental hospitals and institutions in the form of consolidated reports, rather than on individual patients, as in the past. This change was introduced to lessen the burden of paperwork for the reporting facilities as well as to reduce the burden of processing the reported data, thereby increasing its timeliness.

Under NIMH, the National Reporting Program continued to undergo changes in response to developments in the mental health care field. Recognition of the need for more comprehensive data by mental health planners and administrators led NIMH, in 1951, to develop the Model Reporting Area for collecting mental hospital statistics. Its purpose was to involve States actively in planning and administering the annual census of patients in mental hospitals, to standardize the categories of patient movement data, and to develop a uniform set of basic statistical tabulations. The aim of such standardization was to make comparison and interpretation of State data more meaningful and useful.

At the same time that these improvements in mental hospital data were being made, there was increasing awareness in the mental health field of the growth of outpatient psychiatric care facilities. Responding to this, NIMH, with State cooperation, began collection of national data on these facilities in 1954. In 1961, NIMH formed an Outpatient Advisory Committee of mental health professionals to improve the quantity and quality of the outpatient clinic data, and to work with the Model Reporting Area for Mental Hospital Statistics to bring about integration of the two separate reporting systems into a single nationwide program.

During the 1960s, a surge in growth of other community-based mental health facilities offering inpatient or outpatient services, such as the then-new federally funded community mental health centers (established under Public Law 88-164), general hospital psychiatric services, psychiatric day/night facilities, and other multiservice mental health facilities, led NIMH to make major revisions in the National Reporting Program. In consultation with State Mental Health Authorities, representatives from community mental health centers and other concerned mental health professionals, NIMH disbanded the Model Reporting Area and the Outpatient Advisory Committee and consolidated and expanded its reporting system to cover all mental health facilities providing inpatient and outpatient services. A new survey form, the Inventory of Mental Health Facilities, used for the first time in 1967, focused primarily on facility characteristics, such as services provided, caseload, staffing, expenditures, and other administrative data. The annual censuses of patients, which had collected aggregate data on characteristics of patients under care in various types of mental health facilities, were discontinued in the late 1960s and early 1970s for all but State and county mental hospitals; they were replaced by sample surveys. Developments in the field of sample survey methodology had made it feasible once again to collect detailed data on personal characteristics of individual patients without obtaining data on all patients served in specified types of mental health facilities.

The inventories of mental health facilities and the sample surveys of patients have served to the present time as the basic data collection instruments NIMH uses for its National Reporting Program. The content and coverage of these surveys have undergone numerous changes over the years in order to be responsive to data needs required by new legislation affecting the mental health care delivery system, and to provide Federal, State, and local mental health administrators and planners, as well as other public and private mental health agencies and organizations, with information necessary for monitoring and improving this system. NIMH has carried out or supported a number of special surveys or projects designed to meet one-time requests for specific kinds of information regarding mental health care facilities which are not routinely collected.

In order to continue to improve the National Reporting Program, NIMH initiated the Mental Health Statistics Improvement Program in 1976. This program, having roots in the former Model Reporting Area program, offered State Mental Health Authorities the opportunity to participate in a cooperative endeavor with NIMH that would upgrade the capabilities of State mental health data systems and result in a more highly integrated mental health statistical reporting system for the Nation. Moreover, the program sought to reinforce data enhancement by providing uniform definitions and content for the statistical information being collected. This program continues in force at the present time, pursuing gradual achievement of the various goals it has set forth.

As seen in this report, the data provided by the National Reporting Program have reflected the changes and expansion within the mental health care delivery system that have occurred over the years. The data collected have enabled policymakers and planners, service providers, and researchers to observe patterns and trends in the use of mental health facilities, patient characteristics, staffing, and expenditures.

The goal of the collaborative endeavor between the Federal Government, the States, and public and private agencies and organizations has been to improve the way in which the Nation cares for its mentally ill within the specialized delivery system that offers mental health services. The National Reporting Program, by helping make efficient allocations of physical and human resources, has played an important role in this endeavor.

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**Table A. Annual censuses of patients in mental institutions conducted by the U.S. Bureau of Census, from 1840 to 1946, and the Biometry Branch, National Institute of Mental Health, from 1947 to present**

| Survey/Report | Agency responsible | Year of initial survey | Year of final survey | Frequency | Coverage | Scope of information |
|---|---|---|---|---|---|---|
| (1) Census of Insane and Idiotic. | U.S. Bureau of the Census. | 1840 | 1870 | 10 years | All insane and idiotic were enumerated. No distinction made between those in the community and those in institutions. Respondent—family (household) member. | Respondent listed all members of family (household), giving certain characteristics (basically age, sex, color, occupation) and indicating those considered insane or idiotic. |
| (2) Census of Insane and Feeble-minded. | U.S. Bureau of the Census. | 1880 | 1890 | 10 years | All insane and feeble-minded (institutions for insane and feeble-minded, jails, almshouses, other institutions); all insane and feeble-minded in community (outside of institutions). Respondents—institutions; family (household) member; 100,000 physicians (in 1880 only). | Respondents listed all persons identified as insane or feeble-minded, giving certain characteristics (basically age, sex, color, nationality, form of insanity, type of custodial care). Listings of 3 categories of respondents were checked to delete duplications. |
| (3) Special report on Insane and Feeble-minded in Hospitals and Institutions. | U.S. Bureau of the Census. | 1904 | 1910 | Two reports—1904-1910 | Public and private hospitals treating only the insane and feeble-minded, or maintaining a separate department for treatment of such persons. Respondents—head or other designated representative of each institution. | Age, sex, race, nationality, marital status, and place of residence prior to admission for patient/inmates. Patient movement data and maintenance expenditures for hospitals and institutions. |
| (4) Patients in Hospitals for Mental Disease (later Patients in Mental Institutions) and Patients in Institutions for Mental Defectives and Epileptics.<br>*Note: Data published in two separate reports until 1938. After 1938 data combined in one publication.* | U.S. Bureau of the Census. | 1923 | 1946 | Annually | **Mental hospitals**<br>1923—State, county and city, VA, private.<br>1926-1932—State hospitals only (excl. 1931).<br>1931, 1933-1946—State, psychopathic, county and city, VA*, private, general hospital psychiatric inpatient units included 1933, 1939-1946.<br>**VA neuropsychiatric hospitals only, except 1946—all VA hospitals (neuropsychiatric and general).*<br>**Institutions for mentally retarded**<br>1923—State, Federal, city, private.<br>1926-1932—State institutions only.<br>1933-1946—State, city, private. | Data on patient movement, admissions, discharges, deaths, resident patients by such variables as sex, age, and/or diagnosis for hospitals and institutions covered.<br>*Note: The reported data items varied for different types of hospitals or institutions in different years.*<br>Staffing data and maintenance expenditure data for State mental hospitals, psychopathic hospitals, VA hospitals, and public institutions for mentally retarded. |

**Table A. Annual censuses of patients in mental institutions conducted by the U.S. Bureau of Census, from 1840 to 1946, and the Biometry Branch, National Institute of Mental Health, from 1947 to present (continued)**

| Survey/Report | Agency responsible | Year of initial survey | Year of final survey | Frequency | Coverage | Scope of information |
|---|---|---|---|---|---|---|
| (5) Patients in Mental Institutions (Annual Census of Patient Characteristics). | Biometry Branch, National Institute of Mental Health. | 1947 | (See coverage for year of final survey for each type of mental institution.) | Annually | **State and county mental hospitals,** 1947-present.<br>_Note: Includes psychopathic hospitals identified separately until 1962._ | (1) **State and county mental hospitals**<br>a. Patient movement data by sex (1947-1966).<br>b. First admissions* by age, sex, and diagnosis (1947-1961).<br>*_Changed to—"Admission with no prior psychiatric care" (1962-67) and "Additions" (1968 to present)._<br>c. Resident patients end of year by age, sex, and diagnosis (1950 to present).<br>d. Discharges by condition on discharge, sex, diagnosis (1947-1953).<br>e. Staff personnel by sex and occupation (1947-1954); by occupation only (1955-1965).<br>f. Expenditures by purpose (1947-1965). |
|  |  |  |  |  | **Private mental hospitals,** 1947-1971 | (2) **Private mental hospitals**<br>a. Patient movement data by sex (1947-1965).<br>b. First admissions* by age, sex, and diagnosis (1947-1967).<br>*_Changed to—"Additions" (1968-1971)._<br>c. Resident patients end of year by age, sex, diagnosis (1966-1971). |
|  |  |  |  |  | **General hospital psychiatric services,** 1947-1970. | (3) **General hospital inpatient psychiatric services** (non-Federal)<br>a. Patient movement data (1947-1965).<br>b. All admissions by sex and diagnosis (1950-1952).<br>c. Discharges by sex and diagnoeis (1953-1970). |

**Table A. Annual censuses of patients in mental institutions conducted by the U.S. Bureau of Census, from 1840 to 1946, and the Biometry Branch, National Institute of Mental Health, from 1947 to present (continued)**

| Survey/Report | Agency responsible | Year of initial survey | Year of final survey | Frequency | Coverage | Scope of information |
|---|---|---|---|---|---|---|
| (5) Patients in Mental Institutions (Annual Census of Patient Characteristics). | Biometry Branch, National Institute of Mental Health. | 1947 | (See coverage for year of final survey for each type of mental institution.) | Annually | **Outpatient psychiatric clinics,** 1954–1971. | (4) **Outpatient psychiatric clinics**<br>a. Patient movement by broad age groups (1959–1965).<br>b. Terminations by age, sex, diagnosis (1959–1969).<br>c. Terminations by race and marital status (1961).<br>d. Terminations by services received, number of interviews, type of interview, condition on termination (1959, 1960).<br>e. Professional staff by occupation, by employment status (1954, 1959–1965).<br>f. Professional staff by community service activities (1961, 1962, 1963). |
| | | | | | **Public and private institutions for the mentally retarded,** 1947–1968 (transferred to Division of Mental Retardation, Social and Rehabilitation Services, Public Health Service after 1968). | (5) **Public institutions for the mentally retarded**<br>(Same as for State and county mental hospitals up through 1968).<br>(6) **Private institutions for the mentally retarded**<br>(Same as for private mental hospitals up through 1968). |
| | | | | | **VA neuropsychiatric and general hospitals.**<br>*Note: Data collected by VA, selected data published by NIMH 1947–1951 and 1959–1970* | (7) **VA neuropsychiatric and general hospitals**<br>(Data supplied by VA, published by NIMH).<br>a. Patient movement data (1947–1951).<br>b. Resident patients by age and sex (1950–1951).<br>c. Resident patients by age, sex, and diagnosis (1957–1970).*<br>d. Resident patients by age, sex, and time on books (1957–1970).*<br>**For U.S., and for State of residence, and State of hospitalization.* |

**Table B. Inventories of mental health facilities program: Division of Biometry and Epidemiology, NIMH, 1967–1981**

| Facility type | 1967 | 1968 | 1969 | 1970 | 1971 | 1972 | 1973 | 1974 | 1975 | 1976 | 1977 | 1978 | 1979 | 1980 | 1981 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| State and county mental hospitals | a | a | a | a | a | a | a | a | a | e | a | e | a | e | f |
| Private psychiatric hospitals | a | a | a | a | a | a | a | a | a | — | a | — | a | — | f |
| VA neuropsychiatric hospitals | a | a | a | a | a | a | a | a | a | — | a | — | a | — | g[1] |
| General hospital psychiatric services (non-Federal and VA) | a | b | b | — | b | — | b | — | b | — | b | — | b | — | g[1] |
| Comprehensive federally funded community mental health centers | a | c | c | c | c | c | c | c | c | c | c[2] | c[2] | c[2] | c | [3] |
| Residential treatment centers for emotionally disturbed children | a | a | a | — | a | — | a | — | a | — | a | — | a | — | f |
| Freestanding outpatient psychiatric clinics | a | a | a | — | a | — | a | — | a | — | a | — | a | — | f |
| Freestanding mental health day/night facilities | a | a | a | — | a | — | a | — | a | — | a | — | a | — | f |
| Other multiservice mental health facilities | a | a | a | — | a | — | a | — | a | — | a | — | a | — | f |
| Freestanding transitional mental health facilities (community residences, halfway houses) | — | — | d | — | d | — | d[4] | — | d | — | — | — | — | — | — |

[a] Inventory of Mental Health Facilities.
[b] Inventory of General Hospital Psychiatric Services.
[c] Inventory of Comprehensive Community Mental Health Centers.
[d] Inventory of Transitional Mental Health Facilities.
[e] Inventory of Mental Health Facilities (short form).
[f] Inventory of Mental Health Organizations.
[g] AHA-NIMH Special Survey of General Hospital Pyschiatric/Alcoholism Services.

[1] The VA discontinued the distinction between general hospitals and neuropsychiatric hospitals and identifies all hospitals as medical centers. These were surveyed with non-Federal general hospitals in 1981.

[2] Conducted on a sample of facilities.

[3] The nomenclature CMHC was dropped. CMHCs formerly part of a psychiatric hospital or a general hospital are now identified as a psychiatric hospital or a general hospital with separate psychiatric service, respectively. All other CMHCs are now identified as a multiservice mental health facility. CMHCs were surveyed in 1981 according to their new identification in appropriate survey mechanisms.

[4] Included only halfway houses.

**Table C. Client sample survey program: Division of Biometry and Epidemiology, NIMH, 1969–1981**

| State and county psychiatric hospital inpatient settings | Private psychiatric hospital inpatient settings | Non-Federal general hospital psychiatric inpatient units | VA medical center psychiatric inpatient units | Outpatient psychiatric services |
|---|---|---|---|---|
| Oct. 1969—Admissions, Discontinuations. | | | | Oct. 1969—Admissions. |
| Nov. 1970—Admissions + 6-month followup. | Nov. 1970—Admissions + 6-month followup. | | | Nov. 1970—Admissions. |
| | | Feb. 1971—Discharges | | |
| Oct. 1972—Admissions | | | | |
| Apr. 1975—Admissions + 3-month followup. | Apr. 1975—Admissions + 3-month followup. | Feb. 1975—Discharges | | May 1975—Admissions + 3-month followup. |
| Jul. 1980—Admissions + 3-month followup. | Jul. 1980—Admissions + 3-month followup. | | | |
| | | Feb. 1981—Discharges | Feb. 1981—Admissions + 3-month followup | |

# Appendix A

## Enumerators' Schedules From 1850, 1860, 1870, 1880, and 1890 Censuses of Insane, Idiotic, and Feeble-Minded Persons

# U.S. Census—1850

Department of Commerce
Bureau of the Census
Washington

SCHEDULE 1.---Free Inhabitants in ......................................, in the County of.................. State of.................,

enumerated by me, on the ............... day of ...................., 1850. ..................................

Ass't Marshal

34

| Dwelling-houses numbered in the order of visitation. | Families numbered in the order of visitation. | The name of every person whose usual place of abode on the first day of June, 1850, was in this family. | Description | | | Profession, Occupation, or Trade of each male person over 15 years of age. | Value of Real Estate owned. | Place of Birth, naming the State, Territory, or Country. | Married within the year. | Attended school within the year. | Persons over 20 yrs. of age who cannot read and write. | Whether deaf and dumb, blind, insane, idiotic, pauper, or convict. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Age | Sex | Color---White, black or mulatto. | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| | | | | | | | | | | | | |

#2778

# U.S. Census—1860

Department of Commerce
Bureau of the Census
Washington

Page No. ................

SCHEDULE 1.---Free Inhabitants in................................., in the County of ....................., State of .................

enumerated by me, on the .............. day of ................., 1860, .................................................
Ass't Marshal

Post Office

35

| Dwelling-houses numbered in the order of visitation. | Families numbered in the order of visitation. | The name of every person whose usual place of abode on the first day of June, 1860, was in this family. | Description | | | Profession, Occupation, or Trade of each person, male and female, over 15 yrs. of age. | Value of Estate Owned. | | Place of Birth, Naming the State, Territory, or Country. | Married within the year | Attended school within the year. | Persons over 20 yrs. of age who cannot read and write. | Whether deaf and dumb, blind insane, idiotic, pauper, or convict. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Age | Sex | Color---White, black, or mulatto. | | Value of Real Estate. | Value of Personal Estate. | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | | | | | | | | | | | |

9453

46

47

# U.S. Census—1870

**Page No.** ______ }

☞ Inquiries numbered 7, 16, and 17 are not to be asked in respect to infants. Inquiries numbered 11, 12, 15, 16, 17, 19, and 20 are to be answered (if at all) merely by an affirmative mark, as /.

SCHEDULE 1.—Inhabitants in ____________________, in the County of ______________, State of ____________, enumerated by me on the ____ day of __________, 1870.

*Post Office:* ____________________

____________________, *Ass't Marshal.*

| | | | | Description. | | | | Value of Real Estate owned. | | | | Parentage. | | | | | Education. | | | Constitutional Relations. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Dwelling-houses, numbered in the order of visitation. | Families, numbered in the order of visitation. | The name of every person whose place of abode on the first day of June, 1870, was in this family. | Age at last birth-day. If under 1 year, give months in fractions, thus, 3/12. | Sex.—Males (M.), Females (F.) | Color.—White (W.), Black (B.), Mulatto (M.), Chinese (C.), Indian (I.) | Profession, Occupation, or Trade of each person, male or female. | Value of Real Estate. | Value of Personal Estate. | Place of Birth, naming State or Territory of U. S.; or the Country, if of foreign birth. | Father of foreign birth. | Mother of foreign birth. | If born within the year, state month (Jan., Feb., &c.) | If married within the year, state month (Jan., Feb., &c.) | Attended school within the year. | Cannot read. | Cannot write. | Whether deaf and dumb, blind, insane, or idiotic. | Male Citizens of U. S. of 21 years of age and upwards. | Male Citizens of U. S. of 21 years of age and upwards, whose right to vote is denied or abridged on other grounds than rebellion or other crime. | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | |
| 1 | | | | | | | | | | | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | | | | | | | | | | | 12 |
| 13 | | | | | | | | | | | | | | | | | | | | | 13 |
| 14 | | | | | | | | | | | | | | | | | | | | | 14 |
| 15 | | | | | | | | | | | | | | | | | | | | | 15 |
| 16 | | | | | | | | | | | | | | | | | | | | | 16 |
| 17 | | | | | | | | | | | | | | | | | | | | | 17 |
| 18 | | | | | | | | | | | | | | | | | | | | | 18 |
| 19 | | | | | | | | | | | | | | | | | | | | | 19 |
| 20 | | | | | | | | | | | | | | | | | | | | | 20 |

48

# U.S. Census—1880

[7-296]

Page No. ..........
Supervisor's Dist. No. ..........
Enumeration Dist. No. ..........

Note A.—The Census Year begins June 1, 1879, and ends May 31, 1880.

Note B.—All persons will be included in the Enumeration who were living on the 1st day of June, 1880. No others will. Children BORN SINCE June 1, 1880 will be OMITTED. Members of Families who have DIED SINCE June 1, 1880, will be INCLUDED.

Note C.—Questions Nos. 13, 14, 22 and 23 are not to be asked in respect to persons under 10 years of age.

SCHEDULE 1.—Inhabitants in .........................., in the County of .........................., State of ..........................

enumerated by me on the .................. day of June, 1880.

.................................................. Enumerator.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | In Cities. | | | | | Personal Description. | | | | | Civil Condition. | | | | Occupation. | | Health. | | | | | | Education. | | | Nativity. | | | |
| | Name of Street. | House Number. | Dwelling houses numbered in order of visitation. | Families numbered in order of visitation. | The Name of each Person whose place of abode, on 1st day of June, 1880, was in this family. | Color—White, W.; Black, B.; Mulatto, Mu.; Chinese, C.; Indian, I. | Sex—Male, M.; Female, F. | Age at last birthday prior to June 1, 1880. If under 1 year, give months in fractions, thus: 3/12. | If born within the Census year, give the month. | Relationship of each person to the head of this family—whether wife, son, daughter, servant, boarder, or other. | Single, /. | Married, /. | Widowed, /. Divorced, D. | Married during Census year, /. | Profession, Occupation or Trade of each person, male or female. | Number of months this person has been unemployed during the Census year. | Is the person (on the day of the Enumerator's visit) sick or temporarily disabled, so as to be unable to attend to ordinary business or duties? If so, what is the sickness or disability? | Blind, /. | Deaf and Dumb, /. | Idiotic, /. | Insane, /. | Maimed, Crippled, Bedridden, or otherwise disabled, /. | Attended school within the Census year, /. | Cannot read, /. | Cannot write, /. | Place of Birth of this person, naming State or Territory of United States, or the Country, if of foreign birth. | Place of Birth of the Father of this person, naming the State or Territory of United States, or the Country, if of foreign birth. | Place of Birth of the Mother of this person, naming the State or Territory of United States, or the Country, if of foreign birth. | |
| | | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 1 |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 2 |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 3 |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 4 |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 5 |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 6 |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 7 |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 8 |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 9 |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 10 |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 11 |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 12 |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 13 |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 14 |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 15 |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 16 |

# U.S. Census—1890

**FAMILY SCHEDULE—1 TO 10 PERSONS.**

Supervisor's District No.____________
Enumeration District No.____________

[7—396a.]

Eleventh Census of the United States.

SCHEDULE No. 1.

POPULATION AND SOCIAL STATISTICS.

Name of city, town, township, precinct, district, beat, or other minor civil division. ____________; County: ____________; State: ____________;
Street and No.: ____________; Ward: ______; Name of Institution: ____________.
Enumerated by me on the ______ day of June, 1890.
____________ Enumerator.

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A.—Number of Dwelling-house in the order of visitation. | | B.—Number of families in this dwelling-house. | | C.—Number of persons in this dwelling-house. | | D.—Number of Family in the order of visitation. | | E.—No. of Persons in this family. | |

| | INQUIRIES. | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 1 | Christian name in full, and initial of middle name. | | | | | |
| | Surname. | | | | | |
| 2 | Whether a soldier, sailor, or marine during the civil war (U. S. or Conf.), or widow of such person. | | | | | |
| 3 | Relationship to head of family. | | | | | |
| 4 | Whether white, black, mulatto, quadroon, octoroon, Chinese, Japanese, or Indian. | | | | | |
| 5 | Sex. | | | | | |
| 6 | Age at nearest birthday. If under one year, give age in months. | | | | | |
| 7 | Whether single, married, widowed, or divorced. | | | | | |
| 8 | Whether married during the census year (June 1, 1889, to May 31, 1890). | | | | | |
| 9 | Mother of how many children, and number of these children living. | | | | | |
| 10 | Place of birth. | | | | | |
| 11 | Place of birth of Father. | | | | | |
| 12 | Place of birth of Mother. | | | | | |
| 13 | Number of years in the United States. | | | | | |
| 14 | Whether naturalized. | | | | | |
| 15 | Whether naturalization papers have been taken out. | | | | | |
| 16 | Profession, trade, or occupation. | | | | | |
| 17 | Months unemployed during the census year (June 1, 1889, to May 31, 1890). | | | | | |
| 18 | Attendance at school (in months) during the census year (June 1, 1889, to May 31, 1890). | | | | | |
| 19 | Able to Read. | | | | | |
| 20 | Able to Write. | | | | | |
| 21 | Able to speak English. If not, the language or dialect spoken. | | | | | |
| 22 | Whether suffering from acute or chronic disease, with name of disease and length of time afflicted. | | | | | |
| 23 | Whether defective in mind, sight, hearing, or speech, or whether crippled, maimed, or deformed, with name of defect. | | | | | |
| 24 | Whether a prisoner, convict, homeless child, or pauper. | | | | | |
| 25 | Supplemental schedule and page. | | | | | |

TO ENUMERATORS.—See inquiries numbered 26 to 30, inclusive, on the second page of this schedule. These inquiries must be made concerning each family and each farm visited.

([illegible]) 1 b 34

# Appendix B

## Schedules From 1904 and 1910 Censuses of Insane in Institutions

U.S. Census—1904

8-471.

**Department of Commerce and Labor**

BUREAU OF THE CENSUS

B

Page ............

# STATISTICS OF INSANE—SCHEDULE No. 1.

Inmates of Institutions on December 31, 1903.

*State* ............

*County* ............

NAME OF THIS INSTITUTION ............ LOCATION ............

## INSTRUCTIONS.

GENERAL.—The object of this schedule is to secure a complete return of all patients in hospitals and asylums for the insane, both public and private, present on *December 31, 1903*, with an accurate account of the condition of each one.

It is very important that every question should be answered fully and accurately, as the value of the statistics will be impaired by incomplete or indefinite returns. In general, the information required is clearly indicated by the headings, but the work of compilation will be facilitated by the uniform observance of the following particulars:

COLOR, SEX, AGE, AND CONJUGAL CONDITION (cols. 2, 3, 4, 5).—Use the exact abbreviations specified in the heading. State age in completed years.

NATIVITY AND PARENT NATIVITY (cols. 7, 8, 9).—In stating foreign places of birth, give the name of the particular country—not of the city or town. Write England, Ireland, Scotland, or Wales, instead of Great Britain; Norway, Sweden, or Denmark, instead of Scandinavia; etc.

OCCUPATION (cols. 11a, 11b).—Note the distinction between these columns. Do not assume that the profession, trade, or occupation *generally* followed or for which the person was trained is also the one in which he was *last engaged*. Ascertain the facts and enter accordingly. Do not merely state the place employed (as in a factory), or the article produced in the place employed. For example, the return "carriagemaker" is inaccurate and unsatisfactory, because blacksmiths, wheelwrights, painters, etc., all join in the making of carriages. Give the occupation of women as fully as of men.

PHYSICAL DEFECTS (cols. 14, 15, 16, 17, 18).—A patient may be blind and paralyzed, or deaf and epileptic, as well as insane, and a full account of the case requires an entry to be made in the proper columns for *each existing defect*.

TIME IN INSTITUTIONS (cols. 19, 20, 21).—State the age when *first* admitted to any institution for the insane—if known. Give the time in this institution during the present attack, and the total time spent in any institutions for the insane.

HOW SUPPORTED (cols. 22, 23, 24).—A person is to be considered as supported at public and private expense (col. 23) when any part of the cost of maintenance is met from private sources or from any funds other than those of the hospital itself.

USE OF CHECK MARKS, OR SYMBOLS.—Questions stated in columns 12 to 18, and 22 to 24, both inclusive, can be answered by "yes" or "no," and the symbol "/" may be used to indicate yes, the symbol "0" standing for no. If unascertainable, use the symbol "×." These marks must not be varied nor used for any other purpose. Where they are applicable in the columns specified, they should invariably be used.

Do not use ditto marks.

Write plainly and keep all entries within the space allowed.

This schedule is to be forwarded to the Bureau of the Census as soon as the enumeration is completed.

40

| | NAME. (Give name in full, initial of middle name, and surname.) | PERSONAL DESCRIPTION. | | | | FOR WOMEN HAVING CHILDREN. | | NATIVITY AND PARENT NATIVITY. (If born in the United States, write "U. S." If born elsewhere, give name of country.) | | | If of foreign birth, how many years in United States. | OCCUPATION. (State the occupation of all persons ten years of age and over—women as well as men.) | | FOR PERSONS TEN YEARS OF AGE AND OVER. | | PHYSICAL DEFECTS. (Note each existing defect.) | | | | | TIME IN INSTITUTIONS. | | | HOW SUPPORTED. | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | White (W), negro or of negro descent (B), Indian (In), Chinese (Ch), Japanese (Jp). | Sex (M or F). | Age at last birthday. If under 1 year, state in months. | Single (S), Married (M), Widowed (Wd), Divorced (D). | Mother of how many children. | Number of these children now living. | PLACE OF BIRTH OF THIS PERSON. | PLACE OF BIRTH OF FATHER OF THIS PERSON. | PLACE OF BIRTH OF MOTHER OF THIS PERSON. | | PROFESSION, TRADE, OR INDUSTRY GENERALLY FOLLOWED, OR FOR WHICH SPECIALLY TRAINED. | LAST EMPLOYMENT BEFORE ADMISSION. | Can read. | Can write. | Blind. | Deaf. | Crippled, maimed, or deformed. | Paralytic. | Epileptic. | Age when first admitted to any institution for the insane. | Time in this institution during present attack. | Total time in any institutions for the insane. | Wholly at public expense. | At public and private expense. | At expense of self or relatives. | |
| | 1 | 2 | 3 | 4 | 5 | 6a | 6b | 7 | 8 | 9 | 10 | 11a | 11b | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 31 | | | | | | | | | | | | | | | | | | | | | | | | | | | 31 |
| 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | 32 |
| 33 | | | | | | | | | | | | | | | | | | | | | | | | | | | 33 |
| 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | 34 |
| 35 | | | | | | | | | | | | | | | | | | | | | | | | | | | 35 |
| 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | 36 |

52

8—473.

**Department of Commerce and Labor**
BUREAU OF THE CENSUS

A

# STATISTICS OF INSANE—SCHEDULE No. 2.

## Admissions to Institutions during Year Ending December 31, 1904.

*State* ..............................
*County* ..............................

*Page* ..............................

*NAME OF THIS INSTITUTION* .................................................. *LOCATION* ..................................................

## INSTRUCTIONS.

GENERAL.—This schedule, for the record of admissions during 1904, is identical with that for the record of inmates on *December 31, 1903* (No. 1).

It is very important that *every question* should be answered fully and accurately, as the value of the statistics will be impaired by incomplete or indefinite returns. In general, the information required is clearly indicated by the headings, but the work of compilation will be facilitated by the uniform observance of the following particulars:

COLOR, SEX, AGE, AND CONJUGAL CONDITION (cols. 2, 3, 4, 5).—Use the exact abbreviations specified in the heading. State age in completed years.

NATIVITY AND PARENT NATIVITY (cols. 7, 8, 9).—In stating foreign places of birth, give the name of the particular country—not of the *city* or *town*. Write England, Ireland, Scotland, or Wales, instead of Great Britain; Norway, Sweden, or Denmark, instead of Scandinavia, etc.

OCCUPATION (cols. 11a, 11b).—Note the distinction between these columns. Do not assume that the profession, trade, or occupation *generally* followed or for which the person was trained is also the one in which he was *last engaged*. Ascertain the facts and enter accordingly. Do not merely state the place employed (as in a factory), or the article produced in the place employed. For example, the return "carriagemaker" is inaccurate and unsatisfactory, because blacksmiths, wheelwrights, painters, etc., all join in the making of carriages. Give the occupation of women as fully as of men.

PHYSICAL DEFECTS (cols. 14, 15, 16, 17, 18).—A patient may be blind and paralyzed, or deaf and epileptic, as well as insane, and a full account of the case requires an entry to be made in the proper columns for *each existing defect*.

TIME IN INSTITUTIONS (cols. 19, 20, 21).—State the age when *first* admitted to *any* institution for the insane—if known. Give the time in this institution during the present attack, and the total time spent in any institutions for the insane.

HOW SUPPORTED (cols. 22, 23, 24).—A person is to be considered as supported at public and private expense (col. 23) when any part of the cost of maintenance is met from private sources or from any funds other than those of the hospital itself.

USE OF CHECK MARKS, OR SYMBOLS.—Questions stated in columns 12 to 18, and 22 to 24, both inclusive, can be answered by "yes" or "no," and the symbol "/" may be used to indicate yes, the symbol "0" standing for no. If unascertainable, use the symbol "x." These marks must not be varied nor used for any other purpose. Where they are applicable *in the columns specified*, they should invariably be used.

Do not use ditto marks.

Write plainly and keep all entries within the space allowed.

This schedule is to be forwarded to the Bureau of the Census on January 1, 1905.

| | NAME. (Given name in full, initial of middle name, and surname.) | PERSONAL DESCRIPTION. | | | | FOR WOMEN HAVING CHILDREN. | | NATIVITY AND PARENT NATIVITY. (If born in the United States, write "U. S." If born elsewhere, give name of country.) | | | If of foreign birth, how many years in United States. | OCCUPATION. (State the occupation of all persons ten years of age and over—women as well as men.) | | FOR PERSONS TEN YEARS OF AGE AND OVER. | | PHYSICAL DEFECTS. (Note each existing defect.) | | | | | TIME IN INSTITUTIONS. | | | HOW SUPPORTED. | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | White (W), Negro or of negro descent (B), Indian (In), Chinese (Ch), Japanese (Jp). | Sex (M or F). | Age at last birthday. If under 1 year, state in months (1/12, etc.). | Single (Sg), Married (Mr), Widowed (Wd), Divorced (Dv). | Mother of how many children. | Number of these children now living. | PLACE OF BIRTH OF THIS PERSON. | PLACE OF BIRTH OF FATHER OF THIS PERSON. | PLACE OF BIRTH OF MOTHER OF THIS PERSON. | | PROFESSION, TRADE, OR INDUSTRY GENERALLY FOLLOWED, OR FOR WHICH SPECIALLY TRAINED. | LAST EMPLOYMENT BEFORE ADMISSION. | Can read. | Can write. | Blind. | Deaf. | Crippled, maimed, or deformed. | Paralytic. | Epileptic. | Age when first admitted to any institution for the insane. | Time in this institution during present attack. | Total time in any institutions for the insane. | Wholly at public expense. | At public and private expense. | At expense of self or relatives. |
| | 1 | 2 | 3 | 4 | 5 | 6a | 6b | 7 | 8 | 9 | 10 | 11a | 11b | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | |

# U.S. Census—1904

8—473.

A

**Department of Commerce and Labor**

BUREAU OF THE CENSUS

*Page* ............

# STATISTICS OF INSANE—SCHEDULE NO. 3.

## DISCHARGES, DEATHS, AND TRANSFERS DURING 1904.

NAME OF INSTITUTION:

................................................ ............ ....................................................

## INSTRUCTIONS.

The purpose of this schedule is to obtain a record of certain facts concerning discharges, deaths, and transfers, during 1904, of all persons returned as inmates *on December 31, 1903.*

In case of transfers to other institutions, give the name of the institution to which transferred. Such cases will be reported as "admissions" by the other institutions, and will result in duplications, which can be prevented only if proper returns are made by each institution on these sheets.

This schedule is to be returned to the Bureau of the Census January 1, 1905.

| | Enter name, color, and sex of each person who ceases to be an inmate during the year 1904—regardless of when admitted. | | | DISCHARGED, DIED, OR TRANSFERRED. (Note the facts specified under this head for each person who leaves the institution during the year ending December 31, 1904.) | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Discharged. | | | | |
| | Name. | Color. | Sex. | As improved. | As unrecovered. | As not insane. | Died. (Give age at death.) | Transferred to other institutions. (Give name of institution to which transferred.) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |

56

417-185 O - 84 - 4

# U.S. Census—1910

[QQ 4–342] **B**

## DEPARTMENT OF COMMERCE AND LABOR

BUREAU OF THE CENSUS

## SCHEDULE 1—INSANE PATIENTS IN HOSPITALS ON JANUARY 1, 1910

*State* ____________________

*County* ____________________ *Name of institution* ____________________

43

| | NAME OF PATIENT IN FULL. | SEX. | RACE. | AGE AT LAST BIRTHDAY. | MARITAL CONDITION. | COUNTRY OF BIRTH OF PATIENT. | COUNTRY OF BIRTH OF PATIENT'S FATHER. | COUNTRY OF BIRTH OF PATIENT'S MOTHER. | For foreign born only. Years in United States. | LITERACY. | | Age when first admitted to any institution for the insane. | Time in this institution during present attack. | Total time in any institution for the insane. | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Can read. | Can write. | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | |
| 31 | | | | | | | | | | | | | | | 31 |
| 32 | | | | | | | | | | | | | | | 32 |
| 33 | | | | | | | | | | | | | | | 33 |
| 34 | | | | | | | | | | | | | | | 34 |
| 35 | | | | | | | | | | | | | | | 35 |
| 36 | | | | | | | | | | | | | | | 36 |
| 37 | | | | | | | | | | | | | | | 37 |
| 38 | | | | | | | | | | | | | | | 38 |
| 39 | | | | | | | | | | | | | | | 39 |
| 40 | | | | | | | | | | | | | | | 40 |
| 41 | | | | | | | | | | | | | | | 41 |
| 42 | | | | | | | | | | | | | | | 42 |

# U.S. Census—1910

8—1761

[QQ 8—346]

**Department of Commerce and Labor**

BUREAU OF THE CENSUS

## INSANE IN HOSPITALS
## SCHEDULE 2

INSANE PATIENTS ADMITTED DURING 1910

1. ______________ (State.), ______________ (County.)

2. ______________ (Name of institution.)

3. ______________ (Name of patient.)

4. Admitted ______________ (Month.), ______________ (Day.), 1910

5. Sex
- *a* Male ______________
- *b* Female ______________

6. Race
- *a* White:
  - Other than Jews ______________
  - Jews ______________
- *b* Black ______________
- *c* Mulatto ______________
- *d* Indian ______________
- *e* Chinese ______________
- *f* Japanese ______________
- *g* Other ______________

7. Age at last birthday ______________, yrs.

8. Marital condition.
- *a* Single ______________
- *b* Married ______________
- *c* Widowed ______________
- *d* Divorced ______________
- *e* Unknown ______________

9. ______________ (Country of birth of patient.)

10. ______________ (Country of birth of patient's father.)

11. ______________ (Country of birth of patient's mother.)

11—6300

12. *For foreign-born only:*

______________

Time in the United States ______________ (Years.), ______________ (Months.)

*Inquiries 13 and 14 only for patients at least 10 years of age.*

13. ______________ (Occupation before admission.)

______________

14. Literacy
- *a* Can read ______________
- *b* Can write ______________

15. Did patient prior to admission reside in a distinctly rural community?

(Answer "Yes" or "No.") ______________

16. If answer to 15 is "No," give name of village, town, or city in which patient resided.

______________

17. Number of previous admissions to hospitals for insane ______________

18. Total time spent in hospitals for insane ______________ yrs. ______________ mos.

19. Age when first admitted to any hospital for the insane ______________ yrs.

20. Duration of present attack before admission to hospital ______________ yrs. ______________ mos.

21. Is the patient suffering from—
- *a* General paralysis ______________
- *b* Alcoholic psychoses ______________

11—6300

# Appendix C

## Schedules From Government Agency Annual Surveys of Patients in Mental Institutions (1923 and 1947)

# U.S. Census—1923

**DEPARTMENT OF COMMERCE**
**BUREAU OF THE CENSUS**

## HOSPITALS FOR MENTAL DISEASE
## SCHEDULE 1

### PATIENTS RESIDENT IN INSTITUTIONS
### DEC. 31, 1922
~~Who Were Admitted Prior to 1922~~

1. ______ See Instructions ______ (County.)

2. ______ (Name of institution.)

3. ______ (Name of patient.)

4. Date of last admission:
______ (Month.) ______ (Day.) ______ (Year.)

5. Mental diagnosis of patient ______
______ (Use classification of American Psychiatric Association.)

6. Sex ______ (Male or Female—specify which.)

7. Race ______ (White, Negro, Indian, Chinese, or Japanese—specify which.)

8. Age at last birthday ______ years.

9. Marital condition ______ (Single, Married, Widowed, or Divorced—specify which.)

*For native-born patients:*

10. Was patient born in U. S.? ______ (Yes or No.)

11. Was patient's father born in U. S.? ______ (Yes or No.)

12. Was patient's mother born in U. S.? ______ (Yes or No.)

*For foreign-born patients:*

13. Country of birth of patient ______

14. Citizenship of patient ______ (Naturalized, First papers, or Alien—specify which.)

15. Time in United States ______ (Years.) ______ (Months.)

16. Number of times admitted to hospitals for mental disease ______

17. Total time spent in hospitals for mental disease:
______ (Years.) ______ (Months.)

18. Was patient in the military or naval service of the United States during the World War? ______ (Yes or No.)

8-4156 [T 1-888] 11—8807 GOVERNMENT PRINTING OFFICE

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**DEPARTMENT OF COMMERCE**
**BUREAU OF THE CENSUS**

## HOSPITALS FOR MENTAL DISEASE
## SCHEDULE 2

### FIRST ADMISSIONS, ADMITTED DURING 1922

1. ______ (State.) ______ (County.)

2. ______ (Name of institution.)

3. ______ (Name of patient.)

4. Admitted ______ (Month.) ______ (Day.) 1922.

5. Mental diagnosis of patient ______
______ (Use classification of American Psychiatric Association.)

6. Sex ______ (Male or Female—specify which.)

7. Race ______ (White, Negro, Indian, Chinese, or Japanese—specify which.)

8. Age when admitted (last birthday) ______ years.

9. Marital condition ______ (Single, Married, Widowed, or Divorced—specify which.)

*For native-born patients:*

10. Was patient born in U. S.? ______ (Yes or No.)

11. Was patient's father born in U. S.? ______ (Yes or No.)

12. Was patient's mother born in U. S.? ______ (Yes or No.)

*For foreign-born patients:*

13. Country of birth of patient ______

14. Citizenship of patient ______ (Naturalized, First papers, or Alien—specify which.)

15. Time in United States ______ (Years.) ______ (Months.)

16. Did patient prior to admission reside in a distinctly rural community? ______ (Yes or No.)

17. If answer to 16 is "No," give name of village, town, or city in which patient resided:
______

18. Alcoholic habits of patient ______ (Abstinent, Temperate, or Intemperate—specify which.)

19. Was patient in the military or naval service of the United States during the World War? ______ (Yes or No.)

8-5150 [T 2-889] 11—8066 GOVERNMENT PRINTING OFFICE

# U.S. Census—1923

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

## HOSPITALS FOR MENTAL DISEASE
## SCHEDULE 3

### READMISSIONS, READMITTED DURING 1922

1. ............ (State.) ............ (County.)

2. ............ (Name of institution.)

3. ............ (Name of patient.)

4. Readmitted............ (Month.) ............ (Day.), 1922.

5. Mental diagnosis of patient ............ (Use classification of American Psychiatric Association.)

6. Sex............ (Male or Female—specify which.)

7. Race............ (White, Negro, Indian, Chinese, or Japanese—specify which.)

8. Age when readmitted (last birthday)............years.

9. Marital condition............ (Single, Married, Widowed, or Divorced—specify which.)

***For native-born patients:***

10. Was patient born in U. S.?............ (Yes or No.)

11. Was patient's father born in U. S.?............ (Yes or No.)

12. Was patient's mother born in U. S.?............ (Yes or No.)

***For foreign-born patients:***

13. Country of birth of patient............

14. Citizenship of patient............ (Naturalized, First papers, or Alien—specify which.)

15. Time in United States............ (Years.) ............ (Months.)

16. Number of times admitted to hospitals for mental disease ............

17. Total time spent in hospitals for mental disease: ............ (Years.) ............ (Months.)

18. Alcoholic habits of patient ............ (Abstinent, Temperate, or Intemperate—specify which.)

19. Was patient in the military or naval service of the United States during the World War?............ (Yes or No.)

8-5160 [T 3-890] 11—8100 GOVERNMENT PRINTING OFFICE

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

## HOSPITALS FOR MENTAL DISEASE
## SCHEDULE 4

### PATIENTS DISCHARGED DURING 1922

1. ............ (State.) ............ (County.)

2. ............ (Name of institution.)

3. ............ (Name of patient.)

4. Date of discharge............ (Month.) ............ (Day.), 1922.

5. Date of last admission: ............ (Month.) ............ (Day.) ............ (Year.)

6. Mental diagnosis of patient ............ (Use classification of American Psychiatric Association.)

7. Sex............ (Male or Female—specify which.)

8. Race............ (White, Negro, Indian, Chinese, or Japanese—specify which.)

9. Age on discharge (last birthday)............years.

10. Condition of patient on discharge: ............ (Recovered, Improved, Unimproved, or Without psychosis—specify which.)

11. Duration of last hospital residence (exclusive of parole period)............ (Years.) ............ (Months.) ............ (Days.)

12. Total length of residence in hospitals for mental disease (all admissions, exclusive of paroles): ............ (Years.) ............ (Months.) ............ (Days.)

13. Number of times admitted to hospitals for mental disease ............

14. Was patient in the military or naval service of the United States during the World War?............ (Yes or No.)

8-5161 [T 4-891] GOVERNMENT PRINTING OFFICE 11—8101

# U.S. Census—1923

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

## HOSPITALS FOR MENTAL DISEASE
## SCHEDULE 5

### PATIENTS DYING DURING 1922

1. .................................... (State.) .................................... (County.)

2. .................................... (Name of institution.)

3. .................................... (Name of patient.)

4. Date of death .................... (Month.) .......... (Day.), 1922.

5. Date of last admission:

.................... (Month.) .......... (Day.) .......... (Year.)

6. Mental diagnosis of patient ....................

.................................... (Use classification of American Psychiatric Association.)

7. Sex .................................... (Male or Female—specify which.)

8. Race .................................... (White, Negro, Indian, Chinese, or Japanese—specify which.)

9. Age at death (last birthday) .................... years.

10. .................................... (Cause of death.)

11. Duration of last hospital residence (exclusive of parole period):

.......... (Years.) .......... (Months.) .......... (Days.)

12. Total length of residence in hospitals for mental disease (all admissions, exclusive of paroles):

.......... (Years.) .......... (Months.) .......... (Days.)

13. Number of times admitted to hospitals for mental disease ....................

14. Was patient in the military or naval service of the United States during the World War? .......... (Yes or No.)

8-5162 [T 5-[illegible]]

GOVERNMENT PRINTING OFFICE 11—8102

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

## HOSPITALS FOR MENTAL DISEASE
## SCHEDULE 6

### MOVEMENT OF PATIENT POPULATION, 1922

.................................... (State.) .................................... (County.)

.................................... (Name of institution.)

| | Males. | Females. | Total. |
|---|---|---|---|
| **Patients on books Jan. 1, 1922:** | | | |
| **In hospital** | | | |
| **On parole or otherwise absent but still on books** | | | |
| **Total** | | | |
| **Admitted during year:** | | | |
| **First admissions** | | | |
| **Readmissions** | | | |
| **Transfers from other hospitals for mental disease in same state** | | | |
| **Total received during year** | | | |
| **Total on books during year** | | | |
| **Discharged during year:** | | | |
| **As recovered** | | | |
| **As improved** | | | |
| **As unimproved** | | | |
| **As without psychosis** | | | |
| **Otherwise discharged** | | | |
| **Total discharged during year** | | | |
| **Transferred to other hospitals for mental disease in same state** | | | |
| **Died during year** | | | |
| **Total discharged, transferred, and died during year** | | | |
| **Patients on books Dec. 31, 1922:** | | | |
| **In hospital** | | | |
| **On parole or otherwise absent but still on books** | | | |
| **Total** | | | |
| **Average daily resident patient population during year** | | | |

8-6163 [T 6-[illegible]]

GOVERNMENT PRINTING OFFICE 11—6106

## U.S. Census—1923

## DEPARTMENT OF COMMERCE.
BUREAU OF THE CENSUS

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## CENSUS OF INSTITUTIONAL POPULATION, 1922

## HOSPITALS AND SANATORIUMS

1. What is the full corporate name of your institution? ........................................

........................................

2. Where is it located?
State ........................ County ........................
City or town ........................ Street and No. ........................
Post-office address (if different) ........................

3. Under what auspices is the hospital conducted? ........................
(Give name of corporation, society, church, fraternal order, or other local philanthropic organization under which conducted.)

4. Indicate the present organization, control, ownership, and financial responsibility under which the hospital is now conducted:
Corporation for profit ........................ Federal ........................
Partnership for profit ........................ State ........................
Individually owned ........................ County ........................
Corporation or association not for profit ........................ Municipal ........................
(Use X to denote form of ownership or control.)

5. If the hospital is not maintained and operated by the Federal, State, County, or Municipal government, to what extent is it financially aided and in what way is it supervised by any one or more of those governmental agencies? Specify on lines below.

........................................

........................................

6. Year in which institution was organized? ........................

7. If incorporated, give date of incorporation ........................

8. Are only white patients received at this hospital? ........................
(Yes or No.)

If other than white patients are received, please specify which races:

........................................
(Negro, Indian, Chinese, Japanese, etc.)

9. Number of beds in hospital listed according to the general or special services operated:

Medical ............; Surgical ............; Children ............; Obstetric ............; Orthopedic ............;

Other ........................ (Specify other classes of services operated.); Total beds ............

10. If you have an orthopedic service, give average census for the year 1922 ........................

11. Is this a maternity hospital? ............ (Yes or No.) Or, if not, do you have a maternity ward? ............ (Yes or No.) If "Yes"—

*a.* Do you place out babies in family homes? ........................

*b.* Do you place mothers with their babies? ........................

*c.* Do you place babies only:

In free family homes? ........................

In family homes at board? ........................

12. Do you have a social-service department? ............ If so, how many paid workers does it employ? ............

13. If institution is not a hospital, is there a hospital department? ............ If so, how many hospital beds? ............

8-2206 [V2-626]

# U.S. Census—1923

**14. Patients in hospital during the year.**

|  | Adults. | Children 2 to 14. | Infants under 2. | Born in Hospital. | Total. |
|---|---|---|---|---|---|
| a. Number of patients in hospital Dec. 31, 1922 |  |  |  |  |  |
| b. Number of admissions during 1922 |  |  |  |  |  |
| Total in hospital during 1922 |  |  |  |  |  |

c. Average daily number of patients

**15. Number of days' treatment during 1922:**

a. Pay patients (paying at least the operating per capita cost)

b. Part-pay patients (paying a part of the operating per capita cost)

c. Free patients (paying nothing at all)

Total days' treatment

**16.** Number of patients treated during 1922

**17.** Average stay per patient in the hospital

**18.** Is a dispensary or out-patient clinic operated in connection with the hospital?

**19.** Number on medical staff Dec. 31, 1922:

Salaried physicians ; Interns ; Visiting physicians and surgeons

**20.** Number of nurses Dec. 31, 1922:

Graduate ; Pupil ; Special nurses ; Nurse attendants

**21.** Have you a training school for nurses?

**22.** Receipts in the calendar year 1922 (or, if not, last fiscal year ending ):

a. From State appropriations or revenues $

b. From county appropriations or revenues

c. From city or town appropriations or revenues

d. From invested funds

e. From donations, etc.

f. From care of patients

g. From other sources

Total $

**23.** Expenditures in the calendar year 1922 (or, if not, last fiscal year ending )

a. For general running expenses and maintenance $

b. For permanent improvements

Total $

**24.** Value of property owned by the institution Dec. 31, 1922:

a. Lands, buildings, and furnishings $

b. Invested funds

Total $

---

Name of person supplying information

Official title

PHS-518(MH)
OLD NUMBER 1-H
REV. 12-47

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

HOSPITALS FOR MENTAL DISEASE

## MOVEMENT OF PATIENT POPULATION: 1947

*BUDGET BUREAU NO. 68-R327*
*APPROVAL EXPIRES DECEMBER 31, 1948*

REPORT FOR YEAR ENDING *(Give exact date)* 1947

NAME OF HOSPITAL

ADDRESS *(Street, City, Zone, State)*

To: U. S. Public Health Service,
Mental Hygiene Division, Washington 25, D. C.

**INSTRUCTIONS** - Send *one (1)* copy of this form to the above address not later than *March 1, 1948.*

| ITEM NO. | ITEM | TOTAL (a) | MALE (b) | FEMALE (c) |
|---|---|---|---|---|
| | **PATIENTS ON BOOKS AT BEGINNING OF YEAR** | | | |
| 1 | IN HOSPITAL | | | |
| 2 | IN FAMILY CARE (PUBLIC HOSPITALS ONLY) | | | |
| 3 | ON PAROLE OR OTHERWISE ABSENT BUT STILL CARRIED ON BOOKS | | | |
| 4 | ***TOTAL ON BOOKS AT BEGINNING OF YEAR** (sum of Items 1, 2, and 3)* | | | |
| | **ADMISSIONS DURING YEAR** (Do not include those returned from parole, visit, or escape) | | | |
| 5 | FIRST ADMISSIONS *(should agree with totals on Form PHS-516 male & female)* | | | |
| 6 | READMISSIONS | | | |
| 7 | TRANSFERS FROM OTHER HOSPITALS FOR MENTAL DISEASE WITHIN THE STATE | | | |
| 8 | ***TOTAL ADMISSIONS** (sum of Items 5, 6, and 7)* | | | |
| 9 | SUM OF ITEMS 4 and 8 (FOR CHECKING) | | | |
| | **SEPARATIONS DURING YEAR** (Do not include paroles, visits, or escapes unless discharged from books) | | | |
| | DISCHARGES | | | |
| 10 | DISCHARGES DIRECT FROM HOSPITAL | | | |
| 11 | DISCHARGES WHILE ON PAROLE | | | |
| 12 | ***TOTAL DISCHARGES*** | | | |
| 13 | TRANSFERS TO OTHER HOSPITALS FOR MENTAL DISEASE WITHIN THE STATE | | | |
| 14 | DEATHS IN HOSPITAL | | | |
| 15 | DEATHS OF PATIENTS ON PAROLE OR OTHERWISE ABSENT FROM HOSPITAL | | | |
| 16 | ***TOTAL SEPARATIONS** (sum of Items 12, 13, 14, and 15)* | | | |
| | **PATIENTS ON BOOKS AT END OF YEAR** | | | |
| 17 | IN HOSPITAL | | | |
| 18 | IN FAMILY CARE (PUBLIC HOSPITALS ONLY) | | | |
| 19 | ON PAROLE OR OTHERWISE ABSENT BUT STILL CARRIED ON BOOKS | | | |
| 20 | ***TOTAL ON BOOKS AT END OF YEAR** (sum of Items 17, 18, and 19)* | | | |
| 21 | SUM OF ITEMS 16 AND 20 *(should equal Item 9 if all entries are correct)* | | | |

22 AVERAGE DAILY PATIENT POPULATION IN HOSPITAL DURING YEAR ____________

23 RATED CAPACITY OF HOSPITAL ____________

REPORT FURNISHED BY

DATE ____________ SIGNATURE ____________ TITLE ____________

# U.S. Census—1947

PHS-810-2(MH)
OLD NUMBER 2-H
REV. 12-47

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

**HOSPITALS FOR MENTAL DISEASE**

FEMALE FIRST ADMISSIONS DURING THE YEAR,
BY AGE, AND MENTAL DISORDER: 1947

BUDGET BUREAU NO. 68-R338
APPROVAL EXPIRES DECEMBER 31, 1948

FOR THE YEAR ENDING (Give exact date)
1947

NAME OF HOSPITAL

ADDRESS (Street, City, Zone, State)

To: U. S. Public Health Service
Mental Hygiene Division, Washington 25, D. C.

INSTRUCTIONS

Send one (1) copy of this form to the above address not later than March 1, 1948.

| ITEM NO. | MENTAL DISORDERS | TOTAL (a) | UNDER 15 YEARS (b) | 15-19 YEARS (c) | 20-24 YEARS (d) | 25-29 YEARS (e) | 30-34 YEARS (f) | 35-39 YEARS (g) | 40-44 YEARS (h) | 45-49 YEARS (i) | 50-54 YEARS (j) | 55-59 YEARS (k) | 60-64 YEARS (l) | 65-69 YEARS (m) | 70 AND OVER (n) | AGE UNKNOWN (o) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | WITH PSYCHOSIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | GENERAL PARESIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | WITH OTHER FORMS OF SYPHILIS OF THE C. N. S. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | WITH EPIDEMIC ENCEPHALITIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | WITH OTHER INFECTIOUS DISEASES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | ALCOHOLIC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | DUE TO DRUGS AND OTHER EXOGENOUS POISONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | TRAUMATIC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | WITH CEREBRAL ARTERIOSCLEROSIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | WITH OTHER DISTURBANCES OF CIRCULATION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | WITH CONVULSIVE DISORDERS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | SENILE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | INVOLUTIONAL PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | DUE TO OTHER METABOLIC, ETC., DISEASES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | DUE TO NEW GROWTH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | WITH ORGANIC CHANGES OF THE NERVOUS SYSTEM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | PSYCHONEUROSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | MANIC-DEPRESSIVE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | DEMENTIA PRAECOX (SCHIZOPHRENIA) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 | PARANOIA AND PARANOID CONDITIONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | WITH PSYCHOPATHIC PERSONALITY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 | WITH MENTAL DEFICIENCY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | OTHER, UNDIAGNOSED, AND UNKNOWN PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | TOTAL WITH PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | WITHOUT PSYCHOSIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | EPILEPSY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | MENTAL DEFICIENCY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | ALCOHOLISM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | DRUG ADDICTION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | PERSONALITY DISORDERS DUE TO EPIDEMIC ENCEPHALITIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | PSYCHOPATHIC PERSONALITY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | PRIMARY BEHAVIOR DISORDERS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | OTHER, UNCLASSIFIED, AND UNKNOWN WITHOUT PSYCHOSIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 | TOTAL WITHOUT PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 | *GRAND TOTAL (should agree with item 5, female, Form PHS-818)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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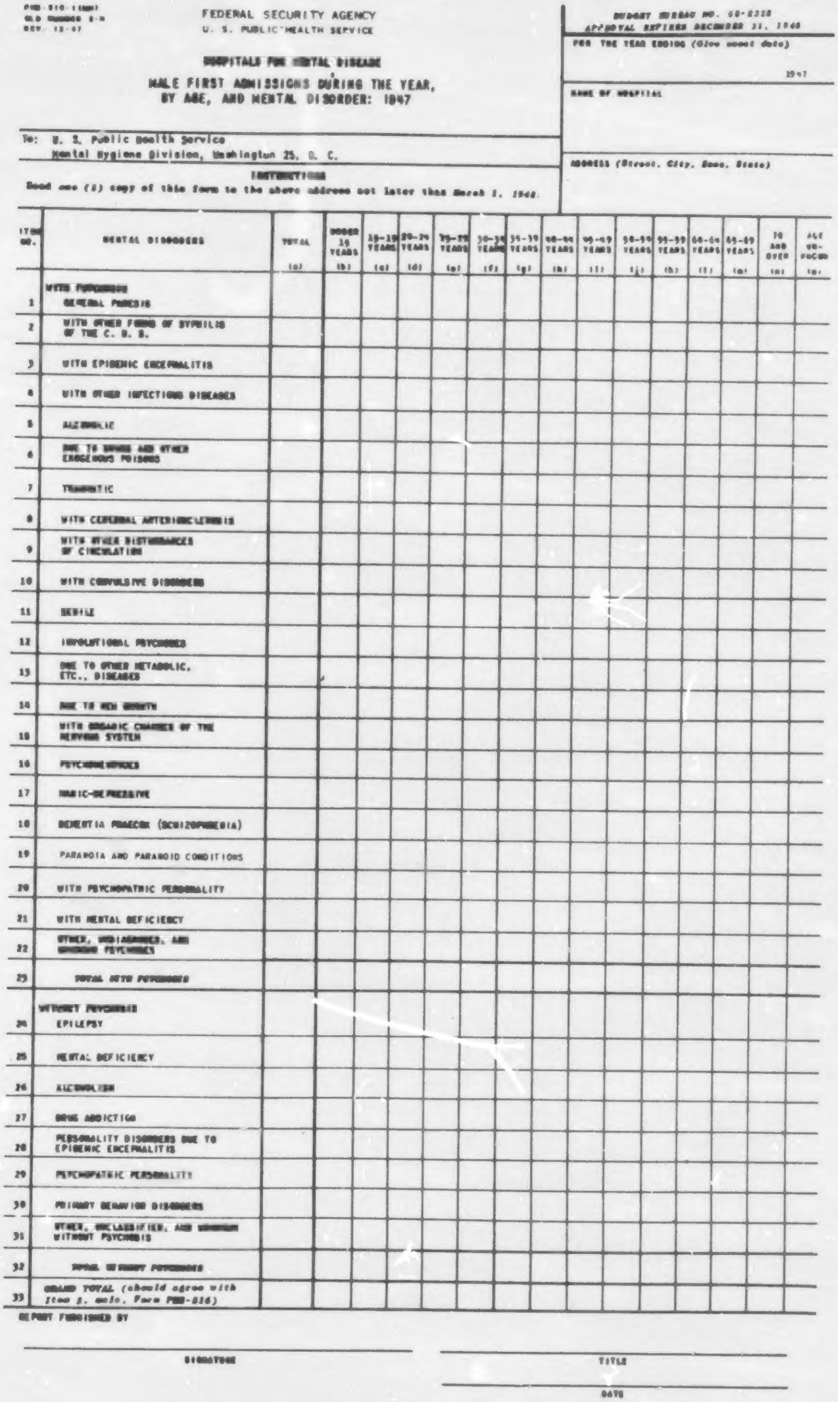
DATE

# U.S. Census—1947



PHS-510-1(MH)
OLD NUMBER 8-H
REV. 12-47

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

HOSPITALS FOR MENTAL DISEASE

MALE FIRST ADMISSIONS DURING THE YEAR,
BY AGE, AND MENTAL DISORDER: 1947

BUDGET BUREAU NO. 68-R338
APPROVAL EXPIRES DECEMBER 31, 1948

FOR THE YEAR ENDING (Give exact date)

1947

NAME OF HOSPITAL

ADDRESS (Street, City, Zone, State)

To: U. S. Public Health Service
Mental Hygiene Division, Washington 25, D. C.

INSTRUCTIONS

Send one (1) copy of this form to the above address not later than March 1, 1948.

| ITEM NO. | MENTAL DISORDERS | TOTAL (a) | UNDER 15 YEARS (b) | 15-19 YEARS (c) | 20-24 YEARS (d) | 25-29 YEARS (e) | 30-34 YEARS (f) | 35-39 YEARS (g) | 40-44 YEARS (h) | 45-49 YEARS (i) | 50-54 YEARS (j) | 55-59 YEARS (k) | 60-64 YEARS (l) | 65-69 YEARS (m) | 70 AND OVER (n) | AGE UN-KNOWN (o) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|  | WITH PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1 | GENERAL PARESIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 | WITH OTHER FORMS OF SYPHILIS OF THE C. N. S. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | WITH EPIDEMIC ENCEPHALITIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | WITH OTHER INFECTIOUS DISEASES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 | ALCOHOLIC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 | DUE TO DRUGS AND OTHER EXOGENOUS POISONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 | TRAUMATIC |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 | WITH CEREBRAL ARTERIOSCLEROSIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 | WITH OTHER DISTURBANCES OF CIRCULATION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 | WITH CONVULSIVE DISORDERS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 | SENILE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 | INVOLUTIONAL PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 | DUE TO OTHER METABOLIC, ETC., DISEASES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 | DUE TO NEW GROWTH |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 | WITH ORGANIC CHANGES OF THE NERVOUS SYSTEM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 | PSYCHONEUROSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 | MANIC-DEPRESSIVE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 | DEMENTIA PRAECOX (SCHIZOPHRENIA) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 | PARANOIA AND PARANOID CONDITIONS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 | WITH PSYCHOPATHIC PERSONALITY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 21 | WITH MENTAL DEFICIENCY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 22 | OTHER, UNDIAGNOSED, AND UNKNOWN PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 23 | TOTAL WITH PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | WITHOUT PSYCHOSIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 24 | EPILEPSY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25 | MENTAL DEFICIENCY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 26 | ALCOHOLISM |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 27 | DRUG ADDICTION |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 28 | PERSONALITY DISORDERS DUE TO EPIDEMIC ENCEPHALITIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29 | PSYCHOPATHIC PERSONALITY |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 30 | PRIMARY BEHAVIOR DISORDERS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31 | OTHER, UNCLASSIFIED, AND UNKNOWN WITHOUT PSYCHOSIS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 32 | TOTAL WITHOUT PSYCHOSES |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 33 | GRAND TOTAL (should agree with Item [illegible], col. [illegible], Form PHS-516) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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DATE

# U.S. Census—1947

PHS-[illegible]
OLD NUMBER 4-M
REV. 12-47

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

BUDGET BUREAU NO. 68-R329
APPROVAL EXPIRES DECEMBER 31, 1948

HOSPITALS FOR MENTAL DISEASE

## ALL DISCHARGES DURING THE YEAR, BY CONDITION ON DISCHARGE, SEX, AND MENTAL DISORDER: 1947

FOR THE YEAR ENDING (Give exact date) 1947

NAME OF HOSPITAL

ADDRESS (Street, City, Zone, State)

To: U. S. Public Health Service,
Mental Hygiene Division, Washington 25, D. C.

INSTRUCTIONS

Send one (1) copy of this form to the above address not later than March 1, 1948. Include all patients discharged from books. Do not include deaths, paroles, or patients transferred to another hospital.

| ITEM NO. | MENTAL DISORDERS | TOTAL DISCHARGES | | | DISCHARGED AS RECOVERED | | DISCHARGED AS IMPROVED | | DISCHARGED AS UNIMPROVED | | DISCHARGED UNCLASSIFIED | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | TOTAL (a) | MALE (b) | FEMALE (c) | MALE (d) | FEMALE (e) | MALE (f) | FEMALE (g) | MALE (h) | FEMALE (i) | MALE (j) | FEMALE (k) |
| | **WITH PSYCHOSIS** | | | | | | | | | | | |
| 1 | GENERAL PARESIS | | | | | | | | | | | |
| 2 | WITH OTHER FORMS OF SYPHILIS OF THE C.N.S. | | | | | | | | | | | |
| 3 | WITH EPIDEMIC ENCEPHALITIS | | | | | | | | | | | |
| 4 | WITH OTHER INFECTIOUS DISEASES | | | | | | | | | | | |
| 5 | ALCOHOLIC | | | | | | | | | | | |
| 6 | DUE TO DRUGS AND OTHER EXOGENOUS POISONS | | | | | | | | | | | |
| 7 | TRAUMATIC | | | | | | | | | | | |
| 8 | WITH CEREBRAL ARTERIOSCLEROSIS | | | | | | | | | | | |
| 9 | WITH OTHER DISTURBANCES OF CIRCULATION | | | | | | | | | | | |
| 10 | WITH CONVULSIVE DISORDERS | | | | | | | | | | | |
| 11 | SENILE | | | | | | | | | | | |
| 12 | INVOLUTIONAL PSYCHOSES | | | | | | | | | | | |
| 13 | DUE TO OTHER METABOLIC, ETC., DISEASES | | | | | | | | | | | |
| 14 | DUE TO NEW GROWTH | | | | | | | | | | | |
| 15 | WITH ORGANIC CHANGES OF THE NERVOUS SYSTEM | | | | | | | | | | | |
| 16 | PSYCHONEUROSES | | | | | | | | | | | |
| 17 | MANIC-DEPRESSIVE | | | | | | | | | | | |
| 18 | DEMENTIA PRAECOX (SCHIZOPHRENIA) | | | | | | | | | | | |
| 19 | PARANOIA AND PARANOID CONDITIONS | | | | | | | | | | | |
| 20 | WITH PSYCHOPATHIC PERSONALITY | | | | | | | | | | | |
| 21 | WITH MENTAL DEFICIENCY | | | | | | | | | | | |
| 22 | OTHER, UNDIAGNOSED, AND UNKNOWN PSYCHOSES | | | | | | | | | | | |
| 23 | *TOTAL WITH PSYCHOSIS* | | | | | | | | | | | |
| | **WITHOUT PSYCHOSIS** | | | | | | | | | | | |
| 24 | EPILEPSY | | | | | | | | | | | |
| 25 | MENTAL DEFICIENCY | | | | | | | | | | | |
| 26 | ALCOHOLISM | | | | | | | | | | | |
| 27 | DRUG ADDICTION | | | | | | | | | | | |
| 28 | PERSONALITY DISORDERS DUE TO EPIDEMIC ENCEPHALITIS | | | | | | | | | | | |
| 29 | PSYCHOPATHIC PERSONALITY | | | | | | | | | | | |
| 30 | PRIMARY BEHAVIOR DISORDERS | | | | | | | | | | | |
| 31 | OTHER, UNCLASSIFIED, AND UNKNOWN WITHOUT PSYCHOSIS | | | | | | | | | | | |
| 32 | *TOTAL WITHOUT PSYCHOSIS* | | | | | | | | | | | |
| 33 | *GRAND TOTAL (same as Item 12 on Form 1)* | | | | | | | | | | | |

*DO NOT USE THIS SPACE*

REPORT FURNISHED BY

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TITLE

DATE

PHS-813(MH)
OLD NUMBER 1-G
REV. 12-47

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

BUDGET BUREAU NO. 68-R340
*APPROVAL EXPIRES DECEMBER 31, 1948*

## GENERAL HOSPITALS HAVING SPECIAL FACILITIES FOR MENTAL PATIENTS:

## MOVEMENT OF POPULATION OF MENTAL PATIENTS: 1947

FOR THE YEAR ENDING *(Give exact date)* 1947

NAME OF HOSPITAL

ADDRESS *(Street, City, Zone, State)*

To: U. S. Public Health Service,
Mental Hygiene Division, Washington 25, D. C.

**INSTRUCTIONS** - Send *one (1)* copy of this form to the above address not later than *March 1, 1948.*

| ITEM NO. | ITEM | TOTAL (a) | MALE (b) | FEMALE (c) |
|---|---|---|---|---|
| 1 | IN HOSPITAL AT BEGINNING OF YEAR | | | |
| | **ADMISSIONS DURING YEAR** | | | |
| 2 | FIRST ADMISSIONS | | | |
| 3 | READMISSIONS | | | |
| 4 | *TOTAL ADMISSIONS DURING YEAR (sum of Items 2 and 3)* | | | |
| 5 | SUM OF ITEMS 1 AND 4 *(for checking)* | | | |
| | **SEPARATIONS DURING YEAR** | | | |
| 6 | TOTAL DISCHARGES DURING YEAR | | | |
| 7 | TRANSFERRED TO STATE OR OTHER MENTAL HOSPITALS DURING YEAR | | | |
| 8 | DIED IN HOSPITAL DURING YEAR | | | |
| 9 | *TOTAL SEPARATIONS DURING YEAR (sum of Items 6, 7, and 8)* | | | |
| 10 | IN HOSPITAL AT END OF YEAR | | | |
| 11 | SUM OF ITEMS 9 AND 10 *(should equal Item 5 if all entries are correct)* | | | |

TOTAL BED CAPACITY OF HOSPITAL ____________

TOTAL BED CAPACITY OF DEPARTMENT FOR MENTAL PATIENTS ____________

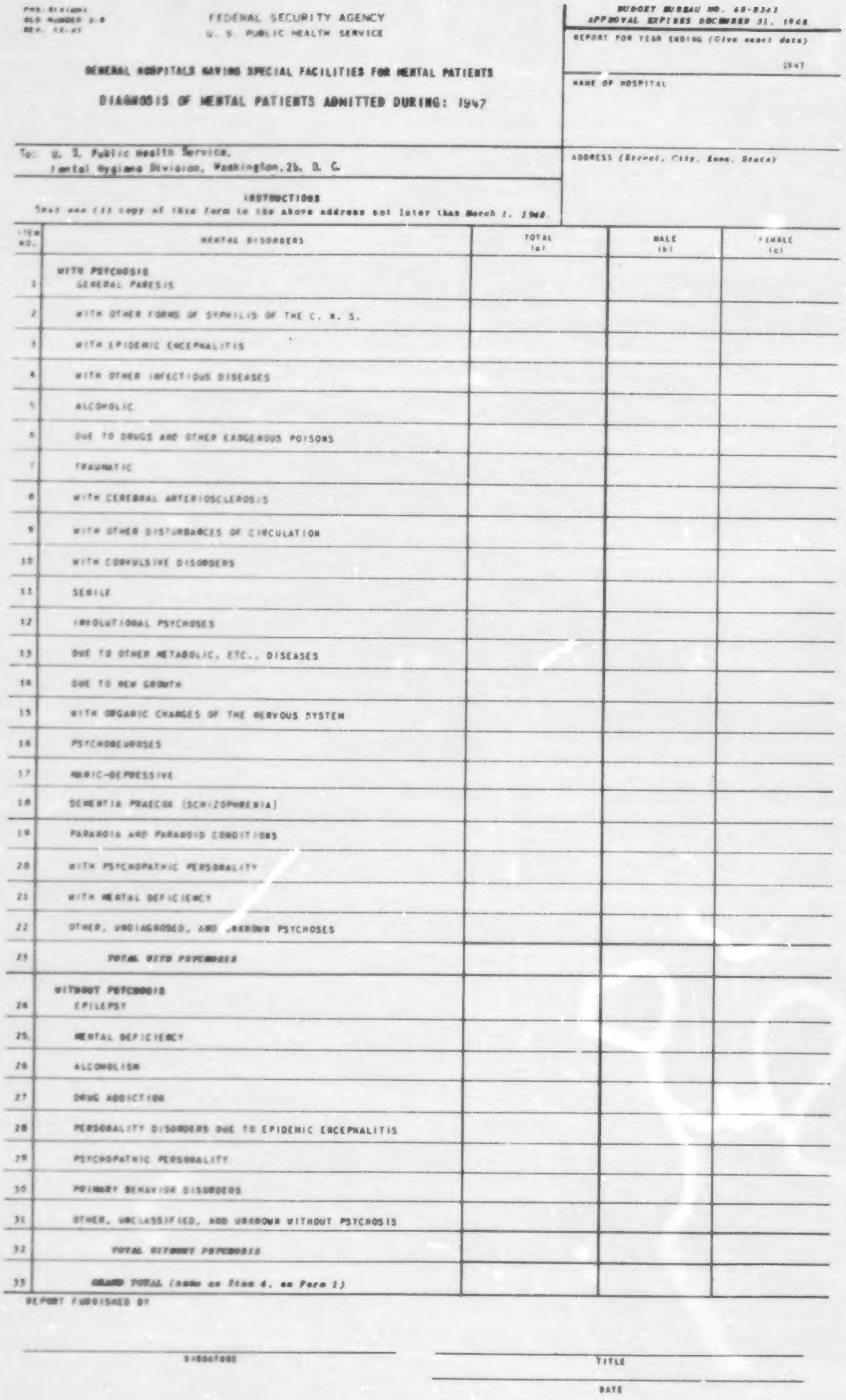
AVERAGE DAILY PATIENT POPULATION OF HOSPITAL DURING YEAR ____________

AVERAGE DAILY PATIENT POPULATION OF DEPARTMENT FOR MENTAL PATIENTS ____________

REPORT FURNISHED BY

| | | |
|---|---|---|
| DATE | SIGNATURE | TITLE |

# U.S. Census—1947



PHS-[illegible]
OLD NUMBER [illegible]
REV. [illegible]-47

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

BUDGET BUREAU NO. 68-R341
APPROVAL EXPIRES DECEMBER 31, 1948

REPORT FOR YEAR ENDING (Give exact date) 1947

NAME OF HOSPITAL

ADDRESS (Street, City, Zone, State)

**GENERAL HOSPITALS HAVING SPECIAL FACILITIES FOR MENTAL PATIENTS**

**DIAGNOSIS OF MENTAL PATIENTS ADMITTED DURING: 1947**

To: U. S. Public Health Service,
Mental Hygiene Division, Washington 25, D. C.

**INSTRUCTIONS**

Send one (1) copy of this form to the above address not later than *March 1, 1948.*

| ITEM NO. | MENTAL DISORDERS | TOTAL (a) | MALE (b) | FEMALE (c) |
|---|---|---|---|---|
|  | **WITH PSYCHOSIS** |  |  |  |
| 1 | GENERAL PARESIS |  |  |  |
| 2 | WITH OTHER FORMS OF SYPHILIS OF THE C. N. S. |  |  |  |
| 3 | WITH EPIDEMIC ENCEPHALITIS |  |  |  |
| 4 | WITH OTHER INFECTIOUS DISEASES |  |  |  |
| 5 | ALCOHOLIC |  |  |  |
| 6 | DUE TO DRUGS AND OTHER EXOGENOUS POISONS |  |  |  |
| 7 | TRAUMATIC |  |  |  |
| 8 | WITH CEREBRAL ARTERIOSCLEROSIS |  |  |  |
| 9 | WITH OTHER DISTURBANCES OF CIRCULATION |  |  |  |
| 10 | WITH CONVULSIVE DISORDERS |  |  |  |
| 11 | SENILE |  |  |  |
| 12 | INVOLUTIONAL PSYCHOSES |  |  |  |
| 13 | DUE TO OTHER METABOLIC, ETC., DISEASES |  |  |  |
| 14 | DUE TO NEW GROWTH |  |  |  |
| 15 | WITH ORGANIC CHANGES OF THE NERVOUS SYSTEM |  |  |  |
| 16 | PSYCHONEUROSES |  |  |  |
| 17 | MANIC-DEPRESSIVE |  |  |  |
| 18 | DEMENTIA PRAECOX (SCHIZOPHRENIA) |  |  |  |
| 19 | PARANOIA AND PARANOID CONDITIONS |  |  |  |
| 20 | WITH PSYCHOPATHIC PERSONALITY |  |  |  |
| 21 | WITH MENTAL DEFICIENCY |  |  |  |
| 22 | OTHER, UNDIAGNOSED, AND UNKNOWN PSYCHOSES |  |  |  |
| 23 | **TOTAL WITH PSYCHOSES** |  |  |  |
|  | **WITHOUT PSYCHOSIS** |  |  |  |
| 24 | EPILEPSY |  |  |  |
| 25 | MENTAL DEFICIENCY |  |  |  |
| 26 | ALCOHOLISM |  |  |  |
| 27 | DRUG ADDICTION |  |  |  |
| 28 | PERSONALITY DISORDERS DUE TO EPIDEMIC ENCEPHALITIS |  |  |  |
| 29 | PSYCHOPATHIC PERSONALITY |  |  |  |
| 30 | PRIMARY BEHAVIOR DISORDERS |  |  |  |
| 31 | OTHER, UNCLASSIFIED, AND UNKNOWN WITHOUT PSYCHOSIS |  |  |  |
| 32 | **TOTAL WITHOUT PSYCHOSIS** |  |  |  |
| 33 | **GRAND TOTAL** *(same as Item 4, on Form 1)* |  |  |  |

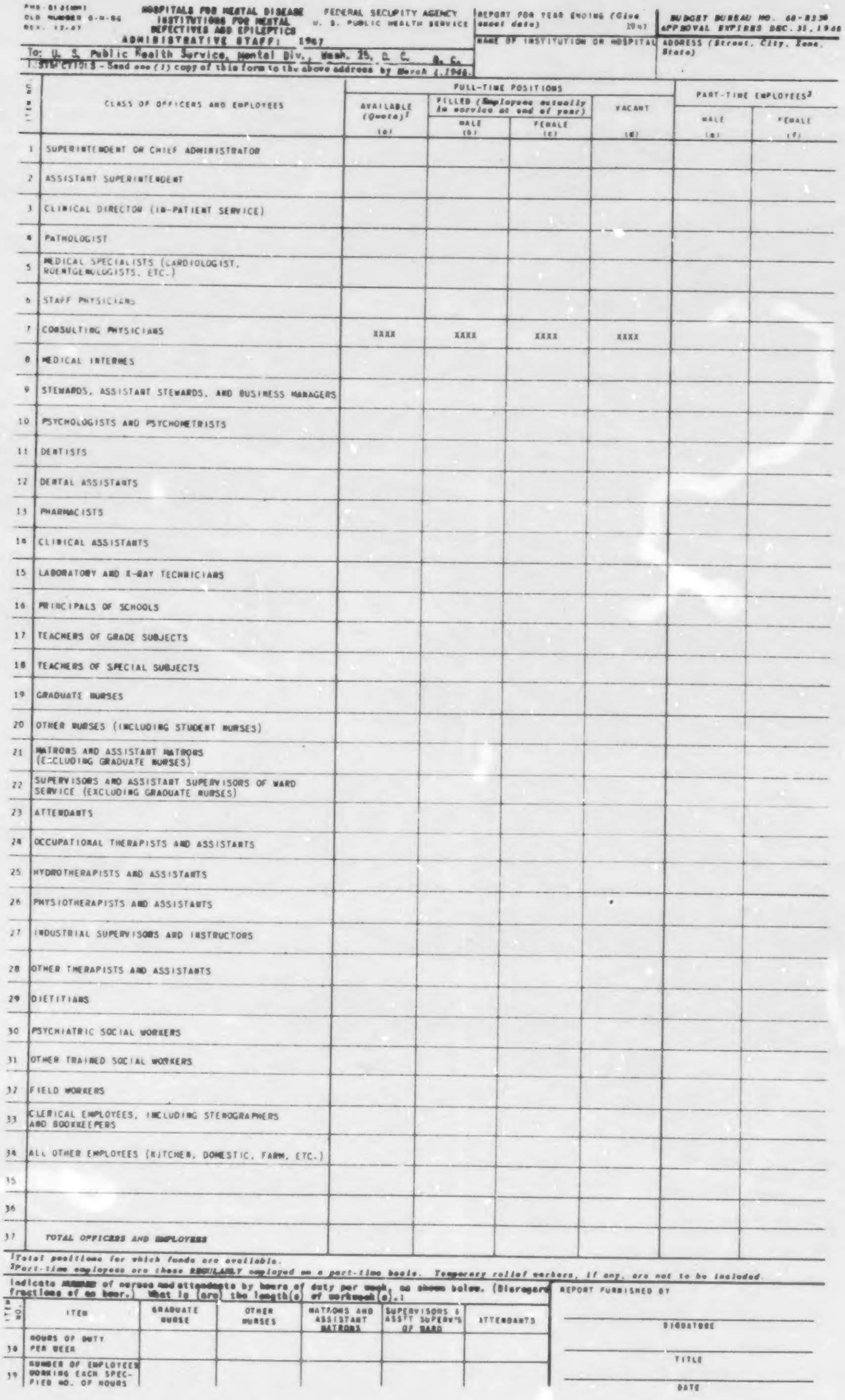
REPORT FURNISHED BY

SIGNATURE

TITLE

DATE

# U.S. Census—1947



PHS-0131(M)
OLD NUMBER 8-M-86
REV. 12-47

**HOSPITALS FOR MENTAL DISEASE**
**INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS**
**ADMINISTRATIVE STAFF: 1947**

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

REPORT FOR YEAR ENDING (Give exact date) 1947

BUDGET BUREAU NO. 68-R330
APPROVAL EXPIRES DEC. 31, 1948

NAME OF INSTITUTION OR HOSPITAL

ADDRESS (Street, City, Zone, State)

To: U. S. Public Health Service, Mental Div., Wash. 25, D. C.

INSTRUCTIONS - Send one (1) copy of this form to the above address by March 1,1948.

| ITEM NO. | CLASS OF OFFICERS AND EMPLOYEES | FULL-TIME POSITIONS | | | | PART-TIME EMPLOYEES[2] | |
|---|---|---|---|---|---|---|---|
| | | AVAILABLE (Quota)[1] | FILLED (Employees actually in service at end of year) | | VACANT | MALE | FEMALE |
| | | | MALE | FEMALE | | | |
| | | (a) | (b) | (c) | (d) | (e) | (f) |
| 1 | SUPERINTENDENT OR CHIEF ADMINISTRATOR | | | | | | |
| 2 | ASSISTANT SUPERINTENDENT | | | | | | |
| 3 | CLINICAL DIRECTOR (IN-PATIENT SERVICE) | | | | | | |
| 4 | PATHOLOGIST | | | | | | |
| 5 | MEDICAL SPECIALISTS (CARDIOLOGIST, ROENTGENOLOGISTS, ETC.) | | | | | | |
| 6 | STAFF PHYSICIANS | | | | | | |
| 7 | CONSULTING PHYSICIANS | XXXX | XXXX | XXXX | XXXX | | |
| 8 | MEDICAL INTERNES | | | | | | |
| 9 | STEWARDS, ASSISTANT STEWARDS, AND BUSINESS MANAGERS | | | | | | |
| 10 | PSYCHOLOGISTS AND PSYCHOMETRISTS | | | | | | |
| 11 | DENTISTS | | | | | | |
| 12 | DENTAL ASSISTANTS | | | | | | |
| 13 | PHARMACISTS | | | | | | |
| 14 | CLINICAL ASSISTANTS | | | | | | |
| 15 | LABORATORY AND X-RAY TECHNICIANS | | | | | | |
| 16 | PRINCIPALS OF SCHOOLS | | | | | | |
| 17 | TEACHERS OF GRADE SUBJECTS | | | | | | |
| 18 | TEACHERS OF SPECIAL SUBJECTS | | | | | | |
| 19 | GRADUATE NURSES | | | | | | |
| 20 | OTHER NURSES (INCLUDING STUDENT NURSES) | | | | | | |
| 21 | MATRONS AND ASSISTANT MATRONS (EXCLUDING GRADUATE NURSES) | | | | | | |
| 22 | SUPERVISORS AND ASSISTANT SUPERVISORS OF WARD SERVICE (EXCLUDING GRADUATE NURSES) | | | | | | |
| 23 | ATTENDANTS | | | | | | |
| 24 | OCCUPATIONAL THERAPISTS AND ASSISTANTS | | | | | | |
| 25 | HYDROTHERAPISTS AND ASSISTANTS | | | | | | |
| 26 | PHYSIOTHERAPISTS AND ASSISTANTS | | | | | | |
| 27 | INDUSTRIAL SUPERVISORS AND INSTRUCTORS | | | | | | |
| 28 | OTHER THERAPISTS AND ASSISTANTS | | | | | | |
| 29 | DIETITIANS | | | | | | |
| 30 | PSYCHIATRIC SOCIAL WORKERS | | | | | | |
| 31 | OTHER TRAINED SOCIAL WORKERS | | | | | | |
| 32 | FIELD WORKERS | | | | | | |
| 33 | CLERICAL EMPLOYEES, INCLUDING STENOGRAPHERS AND BOOKKEEPERS | | | | | | |
| 34 | ALL OTHER EMPLOYEES (KITCHEN, DOMESTIC, FARM, ETC.) | | | | | | |
| 35 | | | | | | | |
| 36 | | | | | | | |
| 37 | *TOTAL OFFICERS AND EMPLOYEES* | | | | | | |

[1] *Total positions for which funds are available.*
[2] *Part-time employees are those REGULARLY employed on a part-time basis. Temporary relief workers, if any, are not to be included.*

Indicate NUMBER of nurses and attendants by hours of duty per week, as shown below. (Disregard fractions of an hour.) What is (are) the length(s) of workweek(s).:

| ITEM NO. | ITEM | GRADUATE NURSE | OTHER NURSES | MATRONS AND ASSISTANT MATRONS | SUPERVISORS & ASS'T SUPERV'S OF WARD | ATTENDANTS |
|---|---|---|---|---|---|---|
| 38 | HOURS OF DUTY PER WEEK | | | | | |
| 39 | NUMBER OF EMPLOYEES WORKING EACH SPECIFIED NO. OF HOURS | | | | | |

REPORT FURNISHED BY

SIGNATURE

TITLE

DATE

# U.S. Census—1947

PHS-819(MH)
OLD NUMBER 7-H-DE
REV. 12-47

FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE

BUDGET BUREAU NO. 68-R331
APPROVAL EXPIRES DECEMBER 31, 1948

## HOSPITALS FOR MENTAL DISEASE INSTITUTIONS FOR MENTAL DEFECTIVES AND EPILEPTICS

## FINANCIAL STATEMENT: 1947

REPORT FOR YEAR ENDING (*Give exact date*) 1947

NAME OF HOSPITAL OR INSTITUTION

To: U. S. Public Health Service
Mental Hygiene Division, Washington 25, D. C.

ADDRESS (*Street, City, Zone, State*)

**INSTRUCTIONS** - Send one (*1*) copy of this form to the above address not later than *March 1, 1948.*

| ITEM NO. | ITEM | | AMOUNT (*Dollars*) |
|---|---|---|---|
| 1 | **RECEIPTS**<br>BALANCE ON HAND FROM PREVIOUS FISCAL YEAR<br>(*Include balance for maintenance and for all other purposes*) | | |
| 2 | RECEIVED FROM APPROPRIATIONS | | |
| 3 | RECEIVED FROM PAYING PATIENTS | | |
| 4 | RECEIVED FROM OTHER GOVERNMENTAL SOURCES | | |
| 5 | RECEIVED FROM ALL OTHER SOURCES | | |
| 6 | *TOTAL RECEIPTS (sum of items 1, 2, 3, 4, and 5)* | | |
| | **DISBURSEMENTS**<br>EXPENDITURES FOR MAINTENANCE<br>(*Under this heading should be included all expenditures for maintenance of patients and of plant, including ordinary repairs. Expenditures for additions and permanent repairs or improvements should not be included.*) | AMOUNT (*Dollars*) | |
| 7 | SALARIES AND WAGES | | XXXXX |
| 8 | PURCHASED PROVISIONS (FOOD) | | XXXXX |
| 9 | FUEL, LIGHT, AND WATER | | XXXXX |
| 10 | ALL OTHER EXPENDITURES FOR MAINTENANCE | | XXXXX |
| 11 | *TOTAL EXPENDITURES FOR MAINTENANCE (sum of items 7, 8, 9, and 10)* | | |
| 12 | EXPENDITURES FOR IMPROVEMENTS, INCLUDING NEW BUILDINGS, ADDITIONS, PERMANENT BETTERMENTS, ETC.<br>(*Under this heading should be included all expenditures for items, such as additional land, new buildings, new equipment, etc. which represent not restorations or replacements but additions to plant.*) | | |
| 13 | EXPENDITURES FOR OTHER PURPOSES (*Specify*) | | |
| 14 | *TOTAL EXPENDITURES (sum of Items 11, 12, and 13)* | | |
| 15 | AMOUNT RETURNED TO STATE TREASURER OR OTHER OFFICIALS | | |
| 6 | BALANCE ON HAND AT CLOSE OF YEAR<br>(*Include balance for maintenance and for all other purposes.*) | | |
| 17 | *TOTAL DISBURSEMENTS (sum of Items 14, 15, and 16; also equal to Item 6)* | | |

REPORT FURNISHED BY

DATE

SIGNATURE

TITLE

# Appendix D

## Samples of Mental Health Facilities Inventory Forms— National Institute of Mental Health

# Inventory—1969

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

**INVENTORY OF MENTAL HEALTH FACILITIES**

Please refer to the mailing label below, then make all additions and corrections according to the questions below. Detailed identification is needed to prevent duplicate listings and to assure that your facility is properly represented in our file.

PLEASE TYPE OR PRINT

① **NAME AND MAILING ADDRESS**

Make corrections, if necessary, in space at right.

CORRECT NAME AND MAILING ADDRESS

Name

Number | Street

P.O. Box, Route, Etc.

City or Town

County

State | Zip Code

② **TELEPHONE NUMBER** Enter Telephone No. of your facility. Area Code ____________ Number ______________

③ **ACTUAL LOCATION**

Please give ACTUAL LOCATION (if different from mailing address) in space at right.

Number | Street

City or Town

County | State | Zip Code

④ **GEOGRAPHIC AREA SERVED:**

*Describe geographical limits in determining eligibility of persons for direct services (e.g., Denver Metropolitan Area, Montgomery County, etc.). Indicate "NONE" if persons are accepted regardless of where they reside.*

⑤ **TYPE OF CONTROL:**

*Place an "X" in only ONE box below to indicate the type of organization legally responsible for the operation of this facility.*

| GOVERNMENT | | OTHER |
|---|---|---|
| 1 ☐ State | 5 ☐ State and County | 8 ☐ Proprietary |
| 2 ☐ City | 6 ☐ Hospital District | 9 ☐ Church |
| 3 ☐ County | 7 ☐ Veterans Administration | 10 ☐ Other Nonprofit |
| 4 ☐ City-County | | 11 ☐ Other (Specify) |

⑥ **TYPE OF FACILITY:**

*Please read all the categories listed below and check the ONE which best describes this facility.*

1 ☐ Psychiatric Hospital
2 ☐ Residential Treatment Center for Emotionally Disturbed Children
3 ☐ Outpatient Mental Health Clinic or Agency
4 ☐ Mental Health Day/Night Facility
5 ☐ Community Mental Health Center *(not funded under PL 88-164 or PL 89-105)* or other Multiservice Mental Health Facility
6 ☐ Other (Specify)

⑦ **Which of the following services are routinely available on a formal organized basis in this facility?**

*Please read the definition before checking the service then check all that apply.*

| | Check | | |
|---|---|---|---|
| 1 | | **Inpatient Treatment Service** | Provision of mental health treatment to persons requiring 24 hour supervision. |
| 2 | | **Outpatient Treatment Service** | Provision of mental health treatment on an outpatient basis to persons who do not require either full-time or partial hospitalization. |
| 3 | | **Day Treatment Service** | Provision of a planned therapeutic program during most or all of the day to persons who need broader programs than are possible through outpatient visits, but who do not require full-time hospitalization. |
| 4 | | **Night Treatment Service** | Provision of a planned therapeutic program during the evening or night to persons who do not require full-time hospitalization, but who need broader programs than are possible through outpatient visits. |
| 5 | | **Diagnostic Service** | Medical, psychiatric, social or psychological diagnosis and evaluation of persons to determine the person's needs and proper placement. |

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**Continue Question 7 - services - on Page 2**

FORM APPROVED
BUDGET BUREAU NO. 68-R926

**(7) Services – (Continued)**

| | Check | SERVICE | DEFINITION |
|---|---|---|---|
| 6 | ☐ | **Day Training Service** | Provision to children and adolescents of training in self-help and motor skills, activities of daily living, and social development preliminary to special education or other placement. |
| 7 | ☐ | **Special Education Service** | Provision of educational services to children and adolescents unable to participate in the regular school system. |
| 8 | ☐ | **Work Activity Service** | Provision of work-orientated tasks and activities of daily living for adults to prepare for sheltered employment or vocational rehabilitation. |
| 9 | ☐ | **Sheltered Workshop Service** | Provision of a remunerative employment for adults who are capable of partial self-support in a sheltered work environment. |
| 10 | ☐ | **Vocational Rehabilitation Service** | Retraining of persons in vocational and social skills, habits and attitudes to assist in job recruitment and placement. |
| 11 | ☐ | **Half-way House Service** | Preparing a previously hospitalized patient for return to home and community environment by providing transitional living quarters and assistance in activities of daily living. |
| 12 | ☐ | **Aftercare Service** | Provision of mental health services on an outpatient basis to persons previously hospitalized for mental illness, with the goal of enabling the patient to achieve a maximum level of functioning, or to avoid rehospitalization, or both. |
| 13 | ☐ | **Program Evaluation** | A formal program designed to assess the effectiveness and efficiency of mental health programs. |
| 14 | ☐ | **Research** | Basic, clinical, or sociocultural research on a formal basis about the nature, cause, prevention and treatment of mental or behavioral disorders. |
| 15 | ☐ | **Consultation to Community Agencies and their Staff** | A service provided to another professional person or group in which the consultant uses his special skills and knowledge with the goal of expediting solutions to problems presented by the consultee. This includes all forms of mental health consultation ranging from individual case consultations on behalf of another professional, through group consultations to program or administrative consultations. |
| 16 | ☐ | **In-service Training to Staff of This Facility** | Formal instruction and supervisory activities for students, trainees, or staff OF THIS FACILITY. |
| 17 | ☐ | **In-service Training to Staff of Community Agencies** | Activities which are planned to instruct the workers of other agencies or professional groups about the mental health aspects of their work. The focus is on the teaching of mental health principles and/or techniques. These activities exclude instruction and supervisory activities for students or trainees on the facility's own staff. |
| 18 | ☐ | **General Public Education** | Those activities which are planned to teach the public about mental health or illness in general or to explain the operation of the mental health agency or program. |

**(8) Are any of the services you checked in question 7 above provided at a different name and/or address than that given on page 1, question 1, of this form? If so, please answer the following:**

| TYPE OF SERVICE PROVIDED ELSEWHERE | NAME OF FACILITY | ADDRESS No. & Street | City | State | DATA FOR THIS SERVICE INCLUDED ON THIS FORM |
|---|---|---|---|---|---|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |

**(9) AGE OR DIAGNOSTIC RESTRICTIONS on the direct services routinely available**

*For each direct patient service checked in question 7 above, please check the appropriate boxes below to indicate the age or diagnostic groups eligible for care. If there are restrictions which cannot be adequately explained below, check here ☐ and explain on page 3.*

| AGE AND DIAGNOSTIC GROUPS | | DIRECT PATIENT SERVICES | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | INPATIENT TREATMENT (1) | OUTPATIENT TREATMENT (2) | DAY TREATMENT (3) | NIGHT TREATMENT (4) | DIAGNOSTIC (5) | DAY TRAINING (6) | SPECIAL EDUCATION (7) | WORK ACTIVITY (8) | SHELTERED WORKSHOP (9) | VOCATIONAL REHABILITATION (10) | HALF-WAY HOUSE (11) | AFTERCARE (12) |
| **GROUPS:**<br>*(Check 1 or complete 2 and 3)* | 1. Accept All Ages | | | | | | | | | | | | |
| | 2. Specify Minimum Age in Appropriate Column(s) | | | | | | | | | | | | |
| | 3. Specify Maximum Age in Appropriate Column(s) | | | | | | | | | | | | |
| | 4. No Restrictions on Diagnostic and Other Special Groups | | | | | | | | | | | | |
| | 5. **Serves All But:** | | | | | | | | | | | | |

**DIAGNOSTIC AND OTHER SPECIAL GROUPS:**

*(Check 4 or specify restrictions in [illegible] and 6)*

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| a. Alcoholics | | | | | | | | | | | | |
| b. Drug Abusers | | | | | | | | | | | | |
| c. Mental Retardates | | | | | | | | | | | | |
| d. Suicidal Patients | | | | | | | | | | | | |
| e. Others *(Specify)* | | | | | | | | | | | | |
| 6. **Serves Only:**<br>a. Alcoholics | | | | | | | | | | | | |
| b. Drug Abusers | | | | | | | | | | | | |
| c. Mental Retardates | | | | | | | | | | | | |
| d. Suicidal Patients | | | | | | | | | | | | |
| e. Others *(Specify)* | | | | | | | | | | | | |
| | | | | | | | | | | | | |

⑩ **Are any formally organized mental health services provided to special age and/or diagnostic groups within this facility's direct service program(s)?**

1 ☐ Yes - Please check appropriate boxes below to describe each program  2 ☐ No - No organized services are provided to these groups

| | **SPECIAL GROUPS** *If "YES" Check Appropriate Box* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | CHILDREN | ADOLESCENTS | GERIATRIC PATIENTS | MENTAL RETARDATES | ALCOHOLICS | DRUG ABUSERS | SUICIDAL PATIENTS | OTHER SPECIAL GROUPS (Specify) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| a. Is this an inpatient service? | | | | | | | | |
| b. Are there separate physical facilities (e.g., separate office, ward, building) for this service? | | | | | | | | |
| c. Is this service separately staffed? (That is, staff assigned to this service only and do not divide their time between this service and other services.) | | | | | | | | |

⑪ **INPATIENT TREATMENT SERVICE** **For Year Ending** 1 ☐ 6/30/69  2 ☐ 12/30/69  3 ☐ Other (Specify) ________

*If you checked inpatient treatment service in question 7, please complete the following questions regarding this service.*

| | | NUMBER |
|---|---|---|
| a. Number of persons receiving direct services at beginning of year. (Include those persons who are physically present for 24 hours per day in the inpatient service or who may be away on short visits as long as they expected to return to the inpatient service) | | |
| b. Additions to inpatient services during the year. (Include returns from long-term leave, transfers from non-inpatient components of this facility, as well as admissions and readmissions. State hospitals exclude transfers within the state mental hospital system) | | |
| **TO BE ANSWERED BY STATE MENTAL HOSPITALS ONLY** | NUMBER | ▨ |
| c. Transfers from other hospitals in the state mental hospital system | | ▨ |
| d. Transfers to other hospitals in the state mental hospital system | | ▨ |
| e. Deaths while under care | | |
| f. Discontinuations from inpatient services during the year. (Include placements on long-term leave, transfers to non-inpatient components of this facility, as well as discharges) | | |
| g. Number of persons receiving direct services at end of year. (Include those persons who are physically present for 24 hours per day in the inpatient service or who may be away on short visits as long as they are expected to return to the inpatient service)<br>**NOTE: a + b + c - d - e - f = g** | | |
| h. How many beds were set up and staffed for use in this service as of December 31, 1969? | | |
| i. How many patient days of inpatient care were provided during the year? (Excluding days for which patient was on overnight or weekend pass, or other short term leave) | | |

⑫ **PARTIAL HOSPITALIZATION SERVICE** **For Year Ending** 1 ☐ 6/30/69  2 ☐ 12/30/69  3 ☐ Other (Specify) ________

*If you checked DAY OR NIGHT TREATMENT service in question 7, please complete the following questions regarding these services.*

| | Day Treatment | Night Treatment |
|---|---|---|
| a. Number of additions to service during the year. (Count as additions any person admitted or readmitted to the day or night treatment service, or transferred to this service from another service of this facility during the year) | | |
| b. Number of discontinuations from service during the year. (Include all persons (1) who have discontinued partial hospitalization services at their volition, that of the facility, or both, or (2) who have not participated in the service for a 30 day period) | | |
| c. What was the maximum number of accomodations in the partial hospitalization program as of December 31, 1969? | | |
| d. How many patient days and/or nights of partial hospitalization care were provided during the reporting year? (A patient day or night of partial hospitalization care is defined as one person's attendance in one day's or night's activities of the partial hospitalization program) | | |

### (13) OUTPATIENT TREATMENT SERVICE

**For Year Ending** 1 ☐ 6/30/69 2 ☐ 12/30/69 3 ☐ Other (Specify): ____________

*If you checked OUTPATIENT TREATMENT service in question 7, please complete the following questions regarding these services:*

| | NUMBER |
|---|---|
| a. Number of additions to service during the year. (Count as additions any person admitted or readmitted to the outpatient treatment service or transferred to this service from another service of this facility during the year. See Instructions for definition of an outpatient) | |
| b. Number of discontinuations from service during the year. (Include all persons (1) who have discontinued outpatient services at their own volition, that of the facility or both, or (2) who have not been seen in-person for 90 days) | |
| c. Number of visits to the service during the year (See Instructions) | |

### (14) Number of staff and manhours worked in this facility during the week of January 11–17, 1970. Enter the number of staff and usual weekly man-hours worked during the week of January 11–17, 1970 in appropriate columns below. See INSTRUCTIONS for definitions of various categories.

| DISCIPLINE OF STAFF | Regular Staff | | | | Trainees, Residents and/or Interns | |
|---|---|---|---|---|---|---|
| | FULL TIME (35 Hrs. or More) | | PART TIME (Less than 35 Hrs.) | | | |
| | TOTAL NUMBER OF PERSONS | TOTAL NUMBER OF MAN HOURS | TOTAL NUMBER OF PERSONS | TOTAL NUMBER OF MAN HOURS | TOTAL NUMBER OF PERSONS | TOTAL NUMBER OF MAN HOURS |
| | (1) | (2) | (3) | (4) | (5) | (6) |
| 1. Psychiatrists | | | | | | |
| 2. Other Physicians | | | | | | |
| 3. Psychologists – MA and above | | | | | | |
| 4. Psychologists – Other | | | | | | |
| 5. Social Workers – MA and above | | | | | | |
| 6. Social Workers – Other | | | | | | |
| 7. Registered Nurses | | | | | | |
| 8. Licensed Practical Nurses, Aides, Attendants, Psychiatric Technicians | | | | | | |
| 9. Vocational Rehabilitation Counselors and Assistants | | | | | | |
| 10. Occupational Therapists and Assistants | | | | | | |
| 11. Recreational Therapists and Assistants | | | | | | |
| 12. School Teachers – BA and above | | | | | | |
| 13. Other Mental Health Professionals | | | | | | |
| 14. Other Health Professionals and Assistants (e.g., dentists, dental technicians, pharmacists, dietitians, etc.) | | | | | | |
| 15. Non-professional Mental Health Workers (e.g., house parents, community mental health aides, case aides, companions, etc.) | | | | | | |
| 16. All Other Personnel (e.g., clerical, fiscal, maintenance, etc.) | | | | | | |
| 17. TOTAL STAFF | | | | | | |

### (15) EXPENDITURES DURING THE REPORTING YEAR

**Annual Expenditures for Year Ending:** 1 ☐ 6/30/69 2 ☐ 12/31/69 3 ☐ Other (Specify) ____________

| | Indicate amount to the nearest 100 dollars in each category:<br>AMOUNT |
|---|---|
| A. Salaries of Personnel | |
| B. Other Operating Expenditures (Include all maintenance and ordinary repair cost) | |
| C. Capital Expenditures (Include cost of construction of buildings, additions, and purchases of durable equipment) If none enter "0" | |
| D. TOTAL EXPENDITURES (Sum of A, B, and C) | |

### (16) SUPPLEMENTAL INFORMATION

– Use this space, or an additional sheet if more space is needed, to elaborate on any of the information supplied elsewhere on this form. Indicate question number to which your comments refer.

| | |
|---|---|
| DIRECTOR OF FACILITY | TITLE |

We would appreciate the name of the individual below who completed the form in order to facilitate contacting them for any questions we may have. Thank you.

| | | |
|---|---|---|
| NAME | TELEPHONE NO. | DATE FORM COMPLETED |

## Inventory—1969

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

Form Approved
Budget Bureau No. 68-R926

**INVENTORY OF COMPREHENSIVE COMMUNITY MENTAL HEALTH CENTERS**

(Funded under PL 88-164 or PL 89-105)

**ANNUAL REPORT - PART I**

Please refer to the mailing label above, then make all additions and corrections according to the questions below. Detailed identification information is needed to prevent duplicate listings and to assure that your center is properly represented in our files.

PLEASE TYPE OR PRINT

① Is the name and mailing address shown in the label correct for your center?

1 ☐ Yes - Go to Question 2

2 ☐ No - Please line through label and enter correct information

ENTER CORRECT NAME AND MAILING ADDRESS BELOW:

| | | |
|---|---|---|
| Name | | |
| Number | Street | P.O.Box,Route,Etc |
| City or Town | | |
| County | | |
| State | | Zip Code |

② What is the telephone number of your center?

| | |
|---|---|
| Area Code | Number |

③ Is your center part of a larger institution or organization?

1 ☐ Yes - Enter name and address

2 ☐ No - Go to Question 4

| | | |
|---|---|---|
| Name | | |
| Number | Street | P.O.Box,Route,Etc |
| City or Town | | |
| County | | |
| State | | Zip Code |

| | | | |
|---|---|---|---|
| ④ Name, Discipline, And Degree Of Center Directors | Name | Discipline | Degree |
| ⑤ Date On Which All Five Essential Services Became Available Or Date Center Began Receiving Federal Funds, Whichever Came First: | Month and Year | | |
| ⑥ Name, Title, And Telephone Number Of Person Responsible For Completing This Form: | Name and Title | | Telephone |

Date Form Completed:

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## ⑦ SERVICE ELEMENTS PROVIDED

Please check in Column 1 below the service elements provided by your Center, and complete Columns 2 and 3 for each service checked:

| SERVICE ELEMENTS PROVIDED BY CENTER (Check all that apply) | NAME AND ADDRESS OF FACILITY(S) PROVIDING THIS SERVICE<br>(If this is the same as that shown on mailing label on Page 1, enter "same") | ENTER HOURS THIS SERVICE IS OPEN<br>(Specify days of week and hours) |
|---|---|---|
| 1 | 2 | 3 |
| 1 ☐ INPATIENT | | |
| 2 ☐ OUTPATIENT | | |
| 3 ☐ PARTIAL HOSPITALIZATION DAY CARE | | |
| 4 ☐ PARTIAL HOSPITALIZATION NIGHT CARE | | |
| 5 ☐ PARTIAL HOSPITALIZATION OTHER (Specify): | | |
| 6 ☐ 24-HOUR EMERGENCY SERVICE | | |
| 7 ☐ CONSULTATION AND EDUCATION | | |
| 8 ☐ DIAGNOSTIC SERVICE | | |

⑦ **SERVICE ELEMENTS PROVIDED - (Continued)**

Please check in Column 1 below the service elements provided by your Center, and complete Columns 2 and 3 for each service checked:

| SERVICE ELEMENTS PROVIDED BY CENTER (Check all that apply) | NAME AND ADDRESS OF FACILITY(S) PROVIDING THIS SERVICE (If this is the same as that shown on mailing label on Page 1, enter "same") | ENTER HOURS THIS SERVICE IS OPEN (Specify days of week and hours) |
|---|---|---|
| 1 | 2 | 3 |
| 9 ☐ REHABILITATION | | |
| 10 ☐ PRECARE AND AFTERCARE | | |
| 11 ☐ TRAINING | | |
| 12 ☐ RESEARCH AND EVALUATION | | |
| 13 ☐ OTHER (Specify): | | |
| 14 ☐ OTHER (Specify): | | |
| 15 ☐ OTHER (Specify): | | |
| 16 ☐ OTHER (Specify): | | |

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⑧ In addition to those services checked in question 7, please describe below any programs or services which are designed specifically for special population groups such as children, alcoholics, drug abusers, or mental retardates. Examples of such programs are: a separate inpatient unit for children with separate staff, equipment and/or services; the provision of a room open 24 hours a day and staffed by AA volunteers for alcoholics; a remedial reading program; or a suicide prevention center. In your description, include the type of program and the target population. If more space is required use the continuation page.

Note: For Centers completing Annual Inventory last year, only new services not described in last years report need be described. If the services are the same as those described last year, please note this and go on to the next question.

⑨ **NUMBER OF STAFF**

Enter below the number of persons employed in this facility during the week of **JANUARY 11-17, 1970**

| DISCIPLINE | NUMBER OF STAFF<br>35 Hours or More Per Week<br>1 | <br>Less than 35 Hours Per Week<br>2 | NUMBER OF TRAINEES<br>3 | NUMBER OF VOLUNTEERS<br>4 |
|---|---|---|---|---|
| 1. Psychiatrists | | | | |
| 2. Other Physicians | | | | |
| 3. Psychologists - MA and above | | | | |
| 4. Other Psychologists | | | | |
| 5. Social Workers - MA and above | | | | |
| 6. Other Social Workers | | | | |
| 7. Registered Nurses | | | | |
| 8. Vocational Rehabilitation Counselors and Assistants | | | | |
| 9. Occupational Therapists and Assistants | | | | |
| 10. Recreational Therapists and Assistants | | | | |
| 11. Other Professional (Specify): | | | | |
| 12. Other Professional (Specify): | | | | |
| 13. Other Professional (Specify): | | | | |
| 14. Other Professional (Specify): | | | | |
| 15. Licensed Practical Nurses, Nurses Aides, Attendants, Psychiatric Technicians or Aides | | | | |
| 16. Other Non-professional Mental Health Workers | | | | |
| 17. All Other Personnel (Clerical, Fiscal, Maintenance, etc.) | | | | |
| 18. **TOTAL, ALL PERSONNEL** | | | | |

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## ⑩ STAFF HOURS

Indicate below the number of hours by discipline spent in each of the activities listed for the WEEK OF JANUARY 11-17, 1970
Include both regular staff, trainees, and volunteers working regularly scheduled hours.

| DISCIPLINE OF STAFF | ACTIVITY | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | INPATIENT CARE | OUTPATIENT CARE | PARTIAL HOSPITALIZATION CARE | EMERGENCY CARE | CONSULTATION AND EDUCATION | DIAGNOSTIC | REHABILITATION | PRECARE AND AFTERCARE | TRAINING | RESEARCH AND EVALUATION | GENERAL ADMINISTRATION | OTHER (Specify) | OTHER (Specify) | TOTAL HOURS WORKED BY DISCIPLINE |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 1. Psychiatrists | | | | | | | | | | | | | | |
| 2. Other Physicians | | | | | | | | | | | | | | |
| 3. Psychologists - MA and above | | | | | | | | | | | | | | |
| 4. Other Psychologists | | | | | | | | | | | | | | |
| 5. Social Workers - MA and above | | | | | | | | | | | | | | |
| 6. Other Social Workers | | | | | | | | | | | | | | |
| 7. Registered Nurses | | | | | | | | | | | | | | |
| 8. Vocational Rehabilitation Counselors & Assistants | | | | | | | | | | | | | | |
| 9. Occupational Therapists and Assistants | | | | | | | | | | | | | | |
| 10. Recreational Therapists and Assistants | | | | | | | | | | | | | | |
| 11. Other Professional(s) (Specify): | | | | | | | | | | | | | | |
| 12. Other Professional(s) (Specify): | | | | | | | | | | | | | | |
| 13. Other Professional(s) (Specify): | | | | | | | | | | | | | | |
| 14. Other Professional(s) (Specify): | | | | | | | | | | | | | | |
| 15. Licensed Practical Nurses, Nurses Aides, Attendants, Psychiatric Technicians or Aides | | | | | | | | | | | | | | |
| 16. Non-professional Mental Health Workers | | | | | | | | | | | | | | |
| 17. TOTAL HOURS WORKED BY ACTIVITY | | | | | | | | | | | | | | |

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## ⑪ STAFF HOURS SPENT IN CONSULTATION AND EDUCATION SERVICES

Of the total professional manhours spent in consultation and education services during the reporting period indicate below what percent was devoted to each type of recipient listed.

**NOTE:** If the amount of staff time spent in consultation and education services is routinely recorded in your Center, please provide the exact percent of hours spent during the year and check here ☐

If exact figures are not available, please provide an estimate.

**REPORTING PERIOD:** 1☐ Year Ending 12/31/69 2☐ Year Ending 6/30/69 3☐ Other (Specify) ____________

| RECIPIENT OF SERVICE | PERCENT OF TOTAL MANHOURS FOR CONSULTATION & EDUCATION |
|---|---|
| 1. School Personnel | % |
| 2. Clergy | % |
| 3. Police, Courts, and Law Enforcement Personnel | % |
| 4. Mental Health Facilities | % |
| 5. Other Social and Community Agencies | % |
| 6. Physicians | % |
| 7. General Public | % |
| 8. Other (Specify) | % |
| 9. Other (Specify) | % |
| 10. Other (Specify) | % |
| 11. **TOTAL MANHOURS SPENT IN CONSULTATION AND EDUCATION** | 100.0 % |

## (12A) EXPENDITURES DURING THE REPORTING PERIOD

REPORTING PERIOD: 1☐ Year Ending 12/31/69 2☐ Year Ending 6/30/69 3☐ Other, specify ____________

|  |  |  |  |
|---|---|---|---|
| 1. Salaries Of Personnel: | a. Psychiatrists | $ |  |
|  | b. Other Physicians |  |  |
|  | c. Psychologists - MA and above |  |  |
|  | d. Other Psychologists |  |  |
|  | e. Social Workers - MA and above |  |  |
|  | f. Other Social Workers |  |  |
|  | g. Registered Nurses |  |  |
|  | h. Vocational Rehabilitation Counselors and Assistants |  |  |
|  | i. Occupational Therapists and Assistants |  |  |
|  | j. Recreational Therapists and Assistants |  |  |
|  | k. Other Professional |  |  |
|  | l. Licensed Practical Nurses, Nurses Aides, Attendants, Psychiatric Technicians or Aides |  |  |
|  | m. Non-professional Mental Health Workers |  |  |
|  | n. All other Personnel (Clerical, Fiscal, Maintenance, etc.) |  |  |
|  | o. TOTAL COMPENSATION OF PERSONNEL (Sum of a through n above) |  | $ |
| 2. Operating Expenditures (Rent, Electric, Insurance, etc.) |  |  |  |
| 3. Capital Expenditures (Construction, Durable Equipment, etc.) |  |  |  |
| 4. Other Expenditures (Specify) |  |  |  |
| 5. TOTAL EXPENDITURES |  |  |  |

AMOUNTS REPORTED ABOVE ARE ON A ☐ Cash Basis ☐ Accrual Basis

## (12B) RECEIPTS DURING THE REPORTING PERIOD

REPORTING PERIOD: 1☐ Year Ending 12/31/69 2☐ Year Ending 6/30/69 3☐ Other, Specify ____________

| | | |
|---|---|---|
| 1. Government Funds: | a. Federal Staffing Grants (PL 89-105) | $ |
| | b. Federal Construction Grants (PL 88-164) | |
| | c. Federal Research and Training Funds | |
| | d. Other Federal Funds | |
| | e. State Funds | |
| | f. Local Government Funds | |
| | g. Other Government Funds | |
| | h. TOTAL GOVERNMENT FUNDS | $ |
| 2. Services: | a. Patient Fees | |
| | b. Insurance (Private and Voluntary) | |
| | c. Medicare | |
| | d. Medicaid | |
| | e. Other Receipts from Services (Specify) | |
| | f. TOTAL RECEIPTS FROM SERVICES | |
| 3. Fund Raising (Campaigns, Foundations, United Funds, Gifts, etc.) | | |
| 4. Other Receipts (Specify) | | |
| 5. TOTAL RECEIPTS FROM ALL SOURCES | | |

## (13) PERSONS RECEIVING DIRECT SERVICES IN THE CENTER DURING THE REPORTING PERIOD

REPORTING PERIOD: 1☐ Year Ending 12/31/69 2☐ Year Ending 6/30/69 3☐ Other, Specify ____________

| See INSTRUCTION BOOKLET for definitions and explanations of the various categories | | TOTAL CENTER (1) | 24 HOUR CARE (2) | PARTIAL CARE (3) | OUTPATIENT CARE (4) |
|---|---|---|---|---|---|
| a. Persons receiving direct services at beginning of reporting period | | | | | |
| b. Additional persons receiving direct services during the reporting period | | | | | |
| c. Service changes within the Center during the reporting period: | 1. Transfers to: | ▨ | | | |
| | 2. Transfers from: | ▨ | | | |
| d. Persons discontinuing direct services during the reporting period (including deaths) | | | | | |
| e. Persons receiving direct services at end of reporting period<br>NOTE: Should equal a + b + c.1 - c.2 - d for each column | | | | | |

NOTE: For EACH OF LINES a, b, d, and e above the number entered in column (1) should equal the sum of the numbers entered in columns (2) through (4)

⑭ **DISTRIBUTION OF PERSONS WHO DISCONTINUED DIRECT SERVICES DURING THE REPORTING PERIOD* BY UTILIZATION OF 24 HOUR CARE, PARTIAL CARE, AND OUTPATIENT CARE.**

Distribute below the number of persons who discontinued direct services during the reporting period by the categories shown. If a person discontinued direct services more than once during the reporting period, count each discontinuation separately.

| | | NUMBER OF PERSONS |
|---|---|---|
| Persons Utilizing: | 1. 24 Hour Care Only | |
| | 2. Partial Care Only | |
| | 3. Outpatient Care Only | |
| | 4. Any Two of Above<br>(e.g., 24 Hour and Outpatient Care Partial and Outpatient Care) | |
| | 5. All Three of Above<br>(e.g., 24 Hour, Outpatient, and Partial Care) | |
| | 6. TOTAL (Equal to Page 9, Question 13d, Column 1) | |

⑮ **COUNT OF SERVICES PROVIDED DURING THE REPORTING PERIOD***

| | | NUMBER |
|---|---|---|
| a. Number of Inpatient Beds (As of December 31, 1969) | | |
| b. Number of Person Days of 24 Hour Care During the Reporting Period* | | |
| c. Number of Person Days and/or Nights of Partial Care During the Reporting Period* | | |
| d. Number of Outpatient Sessions During the Reporting Period* (Conducted in the Center): | 1. Individual Sessions | |
| | 2. Family Sessions | |
| | 3. Group Sessions | |
| e. Number of Home Visits and Other Direct Service Visits Conducted **OUTSIDE THE CENTER** During the Reporting Period* | | |

* THE REPORTING PERIOD USED FOR QUESTIONS 14 and 15 SHOULD BE THE SAME AS THAT USED IN QUESTION 13. IF NOT, PLEASE EXPLAIN ON THE CONTINUATION PAGE.

## ⑯ PREVIOUS MENTAL HEALTH SERVICES OF *ADDITIONAL PERSONS RECEIVING DIRECT SERVICES DURING THE REPORTING PERIOD*

| PREVIOUS MENTAL HEALTH SERVICE | | NUMBER |
|---|---|---|
| 1. Public Psychiatric Hospitals | | |
| 2. Other Psychiatric Hospitals (Including psychiatric unit in general hospital) | | |
| 3. Other Community Mental Health Centers | | |
| 4. Other Mental Health Inpatient Facilities | | |
| 5. Outpatient Mental Health Clinics | | |
| 6. Private Practice Mental Health Professionals | | |
| 7. Family Service and Other Social Agencies | | |
| 8. Other | | |
| 9. A Combination of the Above: | a. Including Public Psychiatric Hospitals | |
| | b. Not Including Public Psychiatric Hospitals | |
| 10. This Center Only | | |
| 11. No Previous Mental Health Services | | |
| 12. Unknown | | |
| 13. TOTAL (Equal to Page 9, Question 13b, Column 1) | | |

* THE REPORTING PERIOD USED FOR QUESTION 16 SHOULD BE THE SAME AS THAT USED IN QUESTION 13. IF NOT, PLEASE EXPLAIN ON THE CONTINUATION PAGE.

## ⑰ REFERRAL SOURCES

Enter the referral source of all additional persons receiving direct services in the Center during the reporting period

| REFERRAL SOURCE | ADDITIONAL PERSONS RECEIVING DIRECT SERVICES |
|---|---|
| 1. Self, Family, or Friend | |
| 2. Clergy | |
| 3. Non-psychiatric Physician | |
| 4. Private Practice Mental Health Professionals | |
| 5. Public Psychiatric Hospital | |
| 6. Other Psychiatric Hospital (Includes Psychiatric Service of General Hospital) | |
| 7. Other Community Mental Health Center (Other than this Facility) | |
| 8. Other Non-psychiatric Hospital or Medical Facility | |
| 9. Outpatient Mental Health Clinic | |
| 10. School System | |
| 11. Social or Community Agency | |
| 12. Court, Law Enforcement, or Correctional Agency | |
| 13. Other (Employer, Attorney, etc.) | |
| 14. Unknown | |
| 15. TOTAL (Equal to Page 9, Question 13b, Column 1 | |

- THE REPORTING PERIOD USED FOR QUESTION 17 SHOULD BE THE SAME AS THAT USED IN QUESTION 13. IF NOT, PLEASE EXPLAIN ON THE CONTINUATION PAGE.

**⑱ DISPOSITION OF PERSONS WHO DISCONTINUED DIRECT SERVICES DURING THE REPORTING PERIOD***

If a person discontinued direct services more than once during the reporting period*, count each discontinuation separately

| | | | TOTAL |
|---|---|---|---|
| From Center To: | 1. Public Psychiatric Hospitals | | |
| | 2. Other Psychiatric Hospitals (Include Psychiatric Service of General Hospital) | | |
| | 3. Other Community Mental Health Centers | | |
| | 4. Nursing Homes | | |
| | 5. Other Non-psychiatric Inpatient Facilities | | |
| | 6. Outpatient Mental Health Clinics | | |
| | 7. Private Practice Mental Health Professionals | | |
| | 8. Social or Community Agencies | | |
| | 9. Non-psychiatric Physician | | |
| | 10. Not Referred Elsewhere: | In Need of Further Mental Health Services | |
| | | Not in Need of Further Mental Health Services | |
| | 11. Unknown | | |
| | 12. Other | | |
| | 13. **TOTAL** (Equal to Page 9, Question 13d, Column 1) | | |

* THE REPORTING PERIOD USED FOR QUESTION 18 SHOULD BE THE SAME AS THAT USED IN QUESTION 13. IF NOT, PLEASE EXPLAIN ON THE CONTINUATION PAGE.

# Inventory—1969

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

## INVENTORY OF TRANSITIONAL MENTAL HEALTH FACILITIES

### GENERAL INSTRUCTIONS

1. Transitional Mental Health Facilities are defined for the purposes of this Survey, as facilities providing residential services to primarily the emotionally disturbed, alcoholics, or drug abusers. These facilities are differentiated from other mental health facilities in that the primary focus is on the provision of room and board and assistance in the activities of daily living, rather than the provision of a planned treatment program. Examples of such places are half-way houses, group care homes, foster care homes. Examples of places not to be included are nursing homes, homes for the aged, homes for delinquent children, or other types of facilities where the population served is not restricted to the emotionally disturbed, alcoholics, or drug abusers.

2. In reporting staff hours (question 13) for persons on call 24 hours a day, please report only those hours actually worked during the week, not the total hours "on call."

3. If your facility meets the above definition of a transitional mental health facility, please complete the attached form and return one copy by January 31, 1970 to the address given below. If your facility does not meet the above definition, please describe briefly what type of facility you operate and return these forms to the address given below:

Chief, Survey and Reports Section
Biometry Branch, OPPE
National Institute of Mental Health
5454 Wisconsin Avenue
Chevy Chase, Maryland 20015

① **Is the NAME AND MAILING ADDRESS shown in the label below correct for your facility?**

1 Yes - Go to Question 2
2 No - Please line through label below and enter correct information

*CORRECT NAME AND MAILING ADDRESS*

Name
Number | Street
P.O. Box, Route, Etc.
City or Town
County
State | Zip Code

② **Is your mailing address also the ACTUAL LOCATION of your facility?**

1 Yes - Go to Question 3
2 No - Please give the actual location of your facility

Number | Street
City or Town
County | State | Zip Code

MH 25-4
10-69

BUDGET BUREAU NO. 685-69079
APPROVAL EXPIRES: 3-31-70

③ **What is the TELEPHONE NUMBER of your facility?** Area Code ________ Number ____________

④ **What year did your facility begin operation?** Year ________

⑤ A **Is your facility part of a larger hospital medical center complex, rehabilitation center, or other larger agency or organization?**

1 ☐ Yes - Enter name and address of the larger complex
2 ☐ No - Go to Question 6

Name
Number | Street
P.O. Box, Route, Etc.
City or Town
County | State | Zip Code

B **Are the persons served in this facility usually limited to patients or clients of this larger agency or organization?** 1 ☐ Yes 2 ☐ No

C **Is your facility located on the grounds of this larger agency or organization?** 1 ☐ Yes 2 ☐ No

⑥ **Is your facility affiliated with any of the following?** *(Check all that apply)*

Affiliation is defined, for the purposes of this survey, as a formal agreement regarding transfer of patients and the provision of staff consultation.

1 ☐ Psychiatric Hospital
2 ☐ Residential Treatment Center for Emotionally Disturbed Children
3 ☐ Outpatient Mental Health Clinic or Agency
4 ☐ General Hospital
5 ☐ Mental Health Day/Night Facility
6 ☐ Community Mental Health Center or Other Multiservice Mental Health Facility
7 ☐ Other (Specify):

⑦ **What TYPE OF ORGANIZATION is legally responsible for the operation of this facility?**
***Place an "X" in only ONE box below to indicate the type of organization operating this facility:***

1 ☐ State
2 ☐ City
3 ☐ County
4 ☐ City-County
5 ☐ State and County
6 ☐ Hospital District
7 ☐ Veterans Administration
8 ☐ Proprietary
9 ☐ Church
10 ☐ Mental Health Association
11 ☐ Other Non-profit
12 ☐ Other (Specify):

⑧ **Does your facility observe certain GEOGRAPHICAL LIMITS in determining eligibility of persons for direct services?**

1 ☐ Yes - Describe these geographical limits →
2 ☐ No - Persons are accepted regardless of where they reside

***Describe general geographical limits for direct services (e.g., Denver Metropolitan Area, Montgomery County, South Central Michigan, State of Nevada, etc.)***

⑨a **Does your facility serve all age groups?**

1 ☐ Serves All Ages (Answer A and B below)
2 ☐ Does Not Serve All Ages

A. Minimum Age Accepted Is ____________

B. Maximum Age Accepted Is ____________

⑨b **Does your facility serve both sexes?** (Check only *One* box below)

1 ☐ Serves Both Sexes
2 ☐ Serves Men Only
3 ☐ Serves Women Only

⑩ **A. Does your facility serve all diagnostic groups?** 1 ☐ Yes (Go to Question 11) 2 ☐ No (Complete Question 10B)

**B. Serves predominantly the following categories of persons** *(Check more than one if applicable):*

1 ☐ Emotionally Disturbed or Mentally Ill
2 ☐ Mentally Retarded
3 ☐ Alcoholics
4 ☐ Drug Abusers
5 ☐ Other (Specify)

⑪ **Does your facility have any policy regarding the length of stay of residents?**
1 ☐ Yes → Specify Time Limit __________
2 ☐ No

⑫ **Does your facility have any policy regarding the number of times a person may be readmitted to your facility?**

*If Yes, Describe Here:* __________

1 ☐ Yes – Please Describe Briefly
2 ☐ No

⑬ **How many persons were employed in this facility during the week of January 11-17, 1970?** *Enter the number of staff and manhours worked during the week of January 11-17, 1970 in appropriate columns below:*

| DISCIPLINE OF STAFF | REGULAR STAFF | | | | TRAINEES | | VOLUNTEERS | |
|---|---|---|---|---|---|---|---|---|
| | FULL TIME (35 Hrs. or More) | | PART TIME (Less than 35 Hrs.) | | | | | |
| | Total No. Of Persons (1) | Total No. Of Man Hours (2) | Total No. Of Persons (3) | Total No. Of Man Hours (4) | Total No. Of Persons (5) | Total No. Of Man Hours (6) | Total No. Of Persons (7) | Total No. Of Man Hours (8) |
| 1. Psychiatrists | | | | | | | | |
| 2. Other Physicians | | | | | | | | |
| 3. Psychologists – Masters and higher | | | | | | | | |
| 4. Psychologists – Other | | | | | | | | |
| 5. Social Workers – Masters and higher | | | | | | | | |
| 6. Social Workers – Other | | | | | | | | |
| 7. Registered Nurses | | | | | | | | |
| 8. Licensed Practical Nurses, Aides, Attendants, Psychiatric Technicians | | | | | | | | |
| 9. Vocational Rehabilitation Counselors and Assistants | | | | | | | | |
| 10. Occupational Therapists and Assistants | | | | | | | | |
| 11. Recreational Therapists and Assistants | | | | | | | | |
| 12. School Teachers – Bachelors and higher | | | | | | | | |
| 13. Other Professionals | | | | | | | | |
| 14. Other non-professional Mental Health Workers *(Such as Ex-mental Patients, Houseparents, etc.)* | | | | | | | | |
| a. How many of the persons counted on line 14 above are recovered alcoholics or drug addicts? *Enter number for each of columns 1-8* | | | | | | | | |
| 15. All Other Personnel *(Clerical, Fiscal, Maintenance)* | | | | | | | | |
| 16. TOTAL STAFF | | | | | | | | |

⑭ **Please complete the following items regarding your caseload during the calendar year 1969.**
*If exact figures are not available, please estimate and note as such.*

| ITEM | TOTAL | MENTALLY ILL OR EMOTIONALLY DISTURBED | MENTALLY RETARDED | ALCOHOLIC | OTHER |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| a. Number of Residents as of December 31, 1969 | | | | | |
| b. Number of Beds Available as of December 31, 1969 | | | | | |
| c. Number of New Cases Entering the Program During Calendar Year 1969 | | | | | |
| d. Average Length of Stay (in days) of Persons Released or Terminating Residence During Calendar Year 1969 | | | | | |

⑮ **What were your expenditures during calendar year 1969?**
*If exact figures are not available, please estimate and note as such.*

| | Indicate amount to the nearest 100 dollars in each category:<br>AMOUNT |
|---|---|
| A. Salaries of Personnel | |
| B. Other Operating Expenditures *(Include all maintenance and ordinary repair cost)* | |
| C. Capital Expenditures *(Include cost of construction of buildings, additions, and purchases of durable equipment)* | |
| D. TOTAL EXPENDITURES *(Sum of A, B, and C)* | |

⑯ **What were your principle sources of funds during calendar year 1969?**

*If exact figures are not available please estimate and note as such. Include annual appropriations as well as reimbursements for individual patients.*

| | Enter amount of funds received to nearest 100 dollars in each category:<br>AMOUNT |
|---|---|
| 1. Vocational Rehabilitation | |
| 2. Medicaid | |
| 3. Other Public Welfare | |
| 4. Medicare | |
| 5. State Department of Mental Health or Public Health | |
| 6. Voluntary Agencies | |
| 7. Patient Collections *(Other than reimbursements from above agencies)* | |
| 8. Other (Specify): | |

⑰ Do you know of any other such transitional mental health facilities in your area?
*Please enter name and address below:*

| NAME OF PERSON COMPLETING THIS FORM | TITLE | TELEPHONE NO. | DATE FORM COMPLETED |
|---|---|---|---|
| | | | |

# Inventory—1969

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

## INVENTORY OF GENERAL HOSPITAL PSYCHIATRIC SERVICES

Please refer to the mailing label below, then make all additions and corrections according to the questions below. Detailed identification is needed to prevent duplicate listings and to assure that your facility is properly represented in our file

PLEASE TYPE OR PRINT

① **NAME AND MAILING ADDRESS**

Make corrections, if necessary, in space at right.

CORRECT NAME AND MAILING ADDRESS

Name

Number | Street

P.O. Box, Route, Etc.

City or Town

County

State | Zip Code

② **TELEPHONE NUMBER** Enter Telephone No. of your facility Area Code ____________ Number ______________

③ **ACTUAL LOCATION**

Please give ACTUAL LOCATION (if different from mailing address) in space at right.

Number | Street

City or Town

County | State | Zip Code

④ **GEOGRAPHIC AREA SERVED:**

*Describe geographical limits in determining eligibility of persons for direct services (e.g., Denver Metropolitan Area, Montgomery County, etc.) Indicate "NONE" if persons are accepted regardless of where they reside.*

⑤ **TYPE OF CONTROL:**

*Place an "X" in only ONE box below to indicate the type of organization legally responsible for the operation of this facility:*

GOVERNMENT

1☐ State
2☐ City
3☐ County
4☐ City-County
5☐ State and County
6☐ Hospital District
7☐ Veterans Administration

OTHER

8☐ Proprietary
9☐ Church
10☐ Other Nonprofit
11☐ Other (Specify):

⑥ **TYPES OF PSYCHIATRIC SERVICES** *Please read each of the four service descriptions below and check the corresponding box(es) to indicate the type(s) of mental health service available in this hospital*

| | Check | | |
|---|---|---|---|
| 1 | ☐ | **Separate Inpatient Psychiatric Service** | Beds are specifically set up and staffed for use exclusively by psychiatric patients. These beds may be located in a specific building, wing, floor, ward, or may be a specific group of beds physically separated from regular medical and surgical beds. |
| 2 | ☐ | **Separate Outpatient Psychiatric Service** | Organized psychiatric services which are provided in a separate hospital clinic established exclusively for the care of ambulatory psychiatric patients. |
| 3 | ☐ | **Mental Health Day Treatment Service** | Provision of mental health treatment during most or all of the day to persons who need broader programs than are possible through outpatient visits, but who do not require full-time hospitalization. |
| 4 | ☐ | **Mental Health Night Treatment Service** | Provision of mental health treatment during the evening or night to persons who need broader programs than are possible through outpatient visits, but who do not require full-time hospitalization. |

⑦ **Complete section below if any of the services checked in question 6 above are provided at a name or address different from that given in question 1**

| TYPE OF SERVICE PROVIDED ELSEWHERE | NAME OF FACILITY | ADDRESS<br>No. & Street | <br>City | <br>State | DATA FOR THIS SERVICE INCLUDED ON THIS FORM |
|---|---|---|---|---|---|
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |
| | | | | | ☐ Yes ☐ No |

MH-25-2 (Rev. 10-69)

FORM APPROVED
BUDGET BUREAU NO. 68-R926

⑧ **Are there any AGE OR DIAGNOSTIC RESTRICTIONS on the direct services routinely available in your facility?**

For each direct patient service checked in question 6, please check the appropriate boxes below to indicate the age or diagnostic groups eligible for care. If there are restrictions which cannot be adequately explained below, check here ☐ and explain on an additional page.

| GROUPS ELIGIBLE FOR CARE<br>*Check Restrictions for Direct Services Provided* | | PSYCHIATRIC SERVICE | | | |
|---|---|---|---|---|---|
| | | SEPARATE INPATIENT SERVICE | OUTPATIENT SERVICE | DAY TREATMENT SERVICE | NIGHT TREATMENT SERVICE |
| **AGE GROUPS:**<br>*(Check 1 or complete 2 and 3)* | 1. Accept All Ages | | | | |
| | 2. Specify Minimum Age in Appropriate Column(s) | | | | |
| | 3. Specify Maximum Age in Appropriate Column(s) | | | | |
| **DIAGNOSTIC AND OTHER SPECIAL GROUPS:**<br>*(Check 4 or specify restrictions in 5 and 6)* | 4. No Restrictions on Diagnostic and Other Special Groups | | | | |
| | 5. **Serves All But:**<br>a. Alcoholics | | | | |
| | b. Drug Abusers | | | | |
| | c. Mental Retardates | | | | |
| | d. Suicidal Patients | | | | |
| | e. Others *(Specify)* | | | | |
| | 6. **Serves Only:**<br>a. Alcoholics | | | | |
| | b. Drug Abusers | | | | |
| | c. Mental Retardates | | | | |
| | d. Suicidal Patients | | | | |
| | e. Others *(Specify)* | | | | |

⑨ **Are any formally organized MENTAL HEALTH services provided to special age and /or diagnostic groups within this facility's direct service program(s)?**

1 ☐ Yes – Please check appropriate boxes below to describe each program   2 ☐ NO organized services provided to these groups

| | **SPECIAL GROUPS** *If "Yes" check boxes below:* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | CHILDREN 1 | ADOLES-CENTS 2 | GERIATRIC PATIENTS 3 | MENTAL RETARDATES 4 | ALCOHOLICS 5 | DRUG ABUSERS 6 | SUICIDAL PATIENTS 7 | OTHER SPECIAL GROUPS (Specify) 8 |
| a. Is this an inpatient service? | | | | | | | | |
| b. Are there separate physical facilities (e.g., separate office, ward, building) for this service? | | | | | | | | |
| c. Is this service separately staffed? (That is, staff assigned to this service only and do not divide their time between this service and other services.) | | | | | | | | |

## ⑩ SEPARATE INPATIENT PSYCHIATRIC SERVICE

*If you checked separate inpatient treatment service in question 6, please complete the following questions regarding the caseload of this separate psychiatric inpatient unit during calendar year 1969.*

| | NUMBER |
|---|---|
| a. Number of persons receiving direct services at beginning of year.<br>(Include those persons who are physically present for 24 hours per day in the psychiatric inpatient service or who may be away on short visits as long as they are expected to return to the inpatient service) | |
| b. Admissions to psychiatric inpatient services during the year.<br>(Include transfers from non-inpatient components and non-psychiatric inpatient wards of this facility, as well as admissions and readmissions) | |
| c. Deaths while under care | |
| d. Discharges from psychiatric inpatient services during the year.<br>(Include transfers to non-inpatient components and non-psychiatric wards of this facility, as well as discharges) | |
| e. Number of persons receiving direct services at end of year.<br>(Include those persons who are physically present for 24 hours per day in the inpatient service or who may be away on short visits as long as they are expected to return to the inpatient service)<br>**NOTE:** a + b - c - d = e | |
| f. How many beds were set up and staffed for use in this service as of December 31, 1969? | |
| g. How many patient days of inpatient care were provided during the year?<br>(Excluding days for which patient was on overnight or weekend pass, or other short term leave) | |

## ⑪ MENTAL HEALTH PARTIAL HOSPITALIZATION SERVICE

*If you checked day or night treatment service in question 6, please complete the following questions regarding these services during calendar year 1969.*

| | DAY TREATMENT | NIGHT TREATMENT |
|---|---|---|
| a. Number of additions to service during the year<br>(Count as additions any person admitted or readmitted to the day or night treatment service, or transferred to this service from another service of this facility during the year) | | |
| b. Number of discontinuations from service during the year.<br>(Include all persons (1) who have discontinued partial hospitalization services at their volition, that of the facility, or both, or (2) who have not participated in the service for a 30 day period) | | |
| c. What was the maximum number of accomodations in the partial hospitalization program as of December 31, 1969? | | |
| d. How many patient days and/or nights of partial hospitalization care were provided during the reporting year?<br>(A patient day or night of partial hospitalization care is defined as one person's attendance in one day's or night's activities of the partial hospitalization program) | | |

## ⑫ OUTPATIENT PSYCHIATRIC SERVICE

*If you checked outpatient treatment service in question 6, please complete the following questions regarding these services during calendar year 1969.*

| | NUMBER |
|---|---|
| a. Number of additions to service during the year.<br>(Count as additions any person admitted or readmitted to the outpatient treatment service or transferred to this service from another service of this facility during the year. See Instructions for definition of an outpatient) | |
| b. Number of discontinuations from service during the year.<br>(Include all persons (1) who have discontinued outpatient services at their own volition, that of the facility or both, or (2) who have not been seen in-person for 90 days) | |
| c. Number of visits to the service during the year (See Instructions) | |

⑬ **What is the number of ATTENDING AND/OR CONSULTING PSYCHIATRISTS in this hospital as of the week of January 11–17, 1970?** Number: ____________

⑭ **Number of staff and manhours worked in the separate inpatient or outpatient service(s) during week of January 11–17, 1970.**

*Enter the number of staff and usual weekly manhours worked in appropriate boxes below. See INSTRUCTIONS for definitions of various categories.*

| DISCIPLINE OF STAFF | SEPARATE INPATIENT SERVICE(S) | | | | | | SEPARATE OUTPATIENT SERVICE(S) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | REGULAR STAFF | | | | TRAINEES, RESIDENTS AND/OR INTERNS | | REGULAR STAFF | | | | TRAINEE RESIDEN AND/OR INTERNS | |
| | FULL TIME (*35 Hrs. or More*) | | PART TIME (*Less than 35 Hrs.*) | | | | FULL TIME (*35 Hrs. or More*) | | PART TIME (*Less than 35 Hrs.*) | | | |
| | TOTAL NO. OF PERSONS (1) | TOTAL NO. OF MAN HOURS (2) | TOTAL NO. OF PERSONS (3) | TOTAL NO. OF MAN HOURS (4) | TOTAL NO. OF PERSONS (5) | TOTAL NO. OF MAN HOURS (6) | TOTAL NO. OF PERSONS (7) | TOTAL NO. OF MAN HOURS (8) | TOTAL NO. OF PERSONS (9) | TOTAL NO. OF MAN HOURS (10) | TOTAL NO. OF PERSONS (11) | TOTAL NO. OF MAN HOURS (12) |
| 1. Psychiatrists | | | | | | | | | | | | |
| 2. Other Physicians | | | | | | | | | | | | |
| 3. Psychologists – MA and above | | | | | | | | | | | | |
| 4. Psychologists – Other | | | | | | | | | | | | |
| 5. Social Workers – MA and above | | | | | | | | | | | | |
| 6. Social Workers – Other | | | | | | | | | | | | |
| 7. Registered Nurses | | | | | | | | | | | | |
| 8. Licensed Practical Nurses, Aides, Attendants Psychiatric Technicians | | | | | | | | | | | | |
| 9. Vocational Rehabilitation Counselors and Assistants | | | | | | | | | | | | |
| 10. Occupational Therapists and Assistants | | | | | | | | | | | | |
| 11. Recreational Therapists and Assistants | | | | | | | | | | | | |
| 12. School Teachers – BA and above | | | | | | | | | | | | |
| 13. Other *Mental Health* Professionals | | | | | | | | | | | | |
| 14. Other *Health* Professionals and Assistants (e.g., Dentists, Dental Technicians, Pharmacists, Dietitians, Etc.) | | | | | | | | | | | | |
| 15. Non-professional Mental Health Workers (e.g., House Parents, Community Mental Health Aides, Case Aides, Companions, Etc.) | | | | | | | | | | | | |
| 16. All Other Personnel (e.g., Clerical, Fiscal, Maintenance, Etc.) | | | | | | | | | | | | |
| 17. TOTAL STAFF | | | | | | | | | | | | |

⑮ **What were your expenditures during the reporting year in the separate inpatient and/or outpatient service(s)?**
*Please report for calendar year 1969. If this is not possible, specify the year used below.*

**ANNUAL EXPENDITURES FOR YEAR ENDING:** 1☐ 12/31/69

2☐ Other (Specify) ____________

| | Indicate amount to the nearest 100 dollars in each category | |
|---|---|---|
| | SEPARATE INPATIENT SERVICE(S) (1) | SEPARATE OUTPATIENT SERVICE(S) (2) |
| A. Salaries of Personnel | | |
| B. Other Operating Expenditures (Include all maintenance and ordinary repair costs) | | |
| C. Capital Expenditures (Include cost of construction of buildings, additions and purchases of durable equipment) If none, enter "0" | | |
| D. TOTAL EXPENDITURES (Sum of A, B, and C) | | |

⑯ **SUPPLEMENTAL INFORMATION** – Use an additional sheet to elaborate on any of the information supplied elsewhere on this form. Please indicate question number to which your comments refer.

⑰ DIRECTOR OF FACILITY

TITLE

We would appreciate the name of the individual below who completed the form in order to facilitate contacting them for any questions we may have. Thank you.

NAME

TELEPHONE NUMBER

DATE FORM COMPLETED

# Inventory—1982

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

1982

Form approved
OMB No. 0930-0081

## INVENTORY OF MENTAL HEALTH ORGANIZATIONS
PART I OF II

If a computer cover sheet is attached, please update the information for questions 1–3 on that cover sheet and proceed to question 4.

① **NAME AND MAILING ADDRESS**
Make corrections, if necessary, in space at right.

☐ Check this box if no direct patient services are provided.

NAME OF ORGANIZATION
NUMBER STREET
P.O. BOX, ROUTE, ETC.
CITY OR TOWN
COUNTY
STATE ZIP CODE
TELEPHONE NUMBER ____ Area Code ____ Number

② **OWNERSHIP/CONTROL**
Check one box to indicate the legal responsibility for the operation of this organization.

FOR PROFIT
☐ 1. Individual
☐ 2. Partnership
☐ 3. Corporation

STATE-LOCAL GOVERNMENT
☐ 4. State government
☐ 5. County government
☐ 6. City government
☐ 7. City-county government
☐ 8. Hospital district/authority

NONPROFIT
☐ 9. Religious organization
☐ 10. Other nonprofit

OTHER
☐ 11. Ownership other than given in categories 1–10 specify:
____________________
____________________

③ **TYPE OF ORGANIZATION**
For definitions please see instruction page. Check one box only.
☐ 1. Outpatient Mental Health Clinic
☐ 2. Psychiatric Hospital
☐ 3. Residential Treatment Center for Emotionally Disturbed Children
☐ 4. Mental Health Day/Night Facility
☐ 5. General Hospital with separate psychiatric services
☐ 6. Multiservice Mental Health Facility
☐ 7. Mental Health Organization, not elsewhere classified
(Specify): ____________________

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## ④ THE MASTER AND DIRECTLY OPERATED COMPONENTS OF THIS MENTAL HEALTH ORGANIZATION

Starting with the major location at which services are provided, list the master and all components of this mental health organization. List each by name and address and indicate the program element(s) provided at that address (see accompanying instruction sheet). EXCLUDE organizations which provide services to your patients/clients by contract or agreement, and which you do NOT directly administer.

| NAME AND ADDRESS OF DIRECTLY OPERATED COMPONENTS OF THIS MENTAL HEALTH ORGANIZATION *(Start with major location; include zip code)* | PROGRAM ELEMENT PROVIDED *(Check all that apply.)* *(See accompanying instruction sheet for definitions)* | | | | | |
|---|---|---|---|---|---|---|
| | In patient care | Residential treatment care | Residential supportive care | Partial care | Out-patient care | Emergency walk-in |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

If additional space is needed please duplicate this page.

## ⑤ PROBLEM GROUPS SERVED BY PROGRAM ELEMENT

Considering the master and all components in your mental health organization providing the same program element, check ( ✓ ) the one primary problem group served and check ( ✓ ) all other group(s) served in addition to the primary group (based on annual number of additions by diagnosis, i.e., admissions and readmissions).

| PROBLEM GROUPS | PROGRAM ELEMENTS | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Inpatient care | | Residential treatment care | | Residential supportive care | | Partial care | | Outpatient care | | Emergency walk-in | |
| | Primary problem group admitted *(check one)* | Other problem group(s) admitted *(check all that apply)* | Primary problem group admitted *(check one)* | Other problem group(s) admitted *(check all that apply)* | Primary problem group admitted *(check one)* | Other problem group(s) admitted *(check all that apply)* | Primary problem group admitted *(check one)* | Other problem group(s) admitted *(check all that apply)* | Primary problem group admitted *(check one)* | Other problem group(s) admitted *(check all that apply)* | Primary problem group admitted *(check one)* | Other problem group(s) admitted *(check all that apply)* |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
| Mentally ill or emotionally disturbed | | | | | | | | | | | | |
| Alcoholics | | | | | | | | | | | | |
| Drug abusers | | | | | | | | | | | | |
| Mentally retarded | | | | | | | | | | | | |
| Other: *(Specify)* | | | | | | | | | | | | |
| Other: *(Specify)* | | | | | | | | | | | | |

⑥ **MENTAL HEALTH SERVICES TO CHILDREN AND YOUTH** *(18 years and under)*

a. Do you admit persons 18 years and under to your organization (any program element exclusive of emergency walk-in)?

☐ Yes *(Go to Question 6b and c)*

☐ No *(Go to Question 7)*

b. Is your entire organization developed to serving primarily persons aged 18 years and under?

☐ Yes

☐ No

c. Describe how services to children and/or youth are organized in your organization by program element in the table below. Write in the minimum and maximum age groups admitted for any program that is checked. As a rough guideline children are 0–12 years, youth 13–18 years.

| ORGANIZATIONAL STRUCTURE OF PROGRAM(S) FOR CHILDREN/YOUTH | FOR ALL PROGRAM ELEMENTS WHICH PROVIDE: | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Inpatient care | | | Residential treatment care | | | Residential supportive care | | | Partial care | | | Outpatient care | | |
| | Check (✓) all programs provided | Age groups admitted | | Check (✓) all programs provided | Age groups admitted | | Check (✓) all programs provided | Age groups admitted | | Check (✓) all programs provided | Age groups admitted | | Check (✓) all programs provided | Age groups admitted | |
| | | Min. | Max. | | Min. | Max. | | Min. | Max. | | Min. | Max. | | Min. | Max. |
| | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) |
| I. OUR MENTAL HEALTH ORGANIZATION HAS SPECIAL PROGRAM(S) IN SEPARATE UNIT(S) WITH ASSIGNED STAFF AS FOLLOWS: | | | | | | | | | | | | | | | |
| a. Children only | | | | | | | | | | | | | | | |
| b. Youth only | | | | | | | | | | | | | | | |
| c. Children and youth combined | | | | | | | | | | | | | | | |
| II. ALTHOUGH OUR MENTAL HEALTH ORGANIZATION DOES *NOT* HAVE SEPARATE UNIT(S) WITH ASSIGNED STAFF, WE DO RUN SPECIAL PROGRAM(S) AS FOLLOWS: | | | | | | | | | | | | | | | |
| a. Children only | | | | | | | | | | | | | | | |
| b. Youth only | | | | | | | | | | | | | | | |
| c. Children and youth combined | | | | | | | | | | | | | | | |
| III. OUR MENTAL HEALTH ORGANIZATION DOES *NOT* HAVE SEPARATE UNIT(S) OR A SPECIAL MENTAL HEALTH PROGRAM, BUT WE DO ADMIT CHILDREN AND/OR YOUTH TO TREATMENT AS FOLLOWS: | | | | | | | | | | | | | | | |
| a. Children Only | | | | | | | | | | | | | | | |
| b. Youth only | | | | | | | | | | | | | | | |
| c. Children and youth combined | | | | | | | | | | | | | | | |

⑦ **UNIVERSITY OR COLLEGE CONNECTION OF THIS MENTAL HEALTH ORGANIZATION**

Check one box only

☐ 1. This mental health organization is operated by a college or university

☐ 2. Professional services are provided by a college or university for this mental health organization.

☐ 3. This mental health organization has the following type of affiliation with a college or university. Specify: ____________________

☐ 4. This mental health organization has no affiliation or connection with a college or university.

**See Part II for Questions 8–13**

**8A** **CASELOAD DATA BY PROGRAM ELEMENT: INPATIENT AND RESIDENTIAL CARE**

Report caseload data requested in the table below *by program element. Include caseload data for the master and all components listed in Question 4.* Report summary statistics for all inpatient care combined (Col. 1), all residential treatment care combined (Col. 2) and all residential supportive care combined (Col. 3). For definitions of program elements, see accompanying instruction sheet.

Indicate the reporting period:

Year ending: 1. ☐ 6/30/81    2. ☐ 12/31/81    3. ☐ Other (Specify): ____________

| DATA ITEMS | PROGRAM ELEMENT | | |
|---|---|---|---|
| | In-patient care (1) | Residential treatment care (2) | Residential supportive care (3) |
| a. **Number of persons receiving direct services at beginning of year.**<br>Include persons who are physically present in the program or who are on unauthorized absence (escape, AWOL, elopement). Do not include patients on trial visit, family care or other long-term leave. | | | |
| b. **Number of additions during the year.**<br>Include returns from long-term leave, transfers from noninpatient components of this facility, as well as admissions and readmissions. Exclude returns from escape, AWOL, or unauthorized absence. State hospitals exclude transfers within the State mental hospital system. | | | |
| c & d. TO BE ANSWERED BY STATE MENTAL HOSPITALS ONLY<br>c. Numbers of transfers *from* other hospitals in the State mental hospital system. | | | |
| d. Number of transfers *to* other hospitals in the State mental hospital system. | | | |
| e. **Number of deaths**<br>Include deaths while on short-term leave; exclude deaths while on long-term leave. | | | |
| f. **Number of discontinuations during the year.**<br>Include placements on long-term leave, transfers to noninpatient/residential components of this organization, as well as discharges. Do not include escapes, placements on AWOL or unauthorized absence status. State hospitals exclude transfers within State mental hospital system. | | | |
| g. **Number of persons receiving direct services at end of year.**<br>Include those persons who are physically present in the program or who may be away on short visits as long as they are expected to return to the program or who are on unauthorized absence (escape, AWOL, elopment). Do not include patients on trial visit, family care or other long-term leave.<br>NOTE: a + b + c − d − e − f = g | | | |
| h. How many beds were *set up and staffed for use* in this program as of December 31, 1981? Do not enter rated or licensed bed capacity. | | | |
| i. What was the average daily inpatient census during the reporting period calculated only on persons physically present in the program element? | | | |

[illegible] **CASELOAD DATA BY PROGRAM ELEMENT: PARTIAL, OUTPATIENT, EMERGENCY WALK-IN**

Report caseload data requested in the table below *by program element. Include caseload data for the master and all components listed in Question 4.* Report summary statistics for all partial care combined (Col. 1), outpatient care combined (Col. 2), and emergency walk-in combined (Col. 3). For definitions of program elements, see accompanying instruction sheet.

Indicate the reporting period:

Year ending: 1. ☐ 6/30/81 2. ☐ 12/31/81 3. ☐ Other (Specify): ______________________

| DATA ITEMS | PROGRAM ELEMENT | | |
|---|---|---|---|
| | Partial care | Outpatient care | Emergency walk-in[1] |
| | (1) | (2) | (3) |
| a. **Number of additions during the reporting period.**[1]<br>Additions is the count of persons admitted or readmitted to the program element plus those transferred to this program element from another program element of this organization during the reporting period. | | | |
| b. **Number of persons on rolls at the beginning of the reporting period.**<br>Include those who have received a service from this program element within 90 days and have *not* either been discharged from this program element or transferred to a different program element during this period. | | | |
| c. **Number of outpatient or emergency walk-in visits.**[1]<br>An outpatient visit is the attendance by one person for one day in an outpatient or emergency walk-in program element. A single visit may include attendance at more than one outpatient session (see below). Include the total number of visits during the reporting year. | | | |
| d. **Number of outpatient client-sessions.**<br>A session is any exchange between a service provider and a recipient which reflects the provision of one major service (e.g., an individual psychotherapy session, a group therapy session). The number of outpatient sessions is equal to or greater than the number of visits for a given organization. The number of *client-sessions* is equal to the number of sessions multiplied by the number of persons present at each session, exclusive of staff and others specified as being excluded. *Report* the number of *client-sessions* by type in the spaces below. For any part of d1, d2, or d3 that is unknown, mark "NA" for that part. | | | |
| d1. **Number of individual client-sessions.**[1]<br>Individual client-sessions are the aggregate of client-sessions during the year in which only one person received a face-to-face service about his/her mental health problem or such problems within his/her family unit. Client-sessions including other persons unrelated to this individual (e.g., an individual and his minister or a child and his schoolteacher) are counted as single client-sessions. If another individual such as a minister or schoolteacher acts as a surrogate for the individual this too should be counted as an individual client-session. Include intake and diagnostic client-sessions which are part of a pre-therapeutic workup, as well as medchecks. Exclude from client-sessions evaluations done as part of a case-oriented consultation (e.g., psychological evaluations done for a court or school). The number of staff present is unrelated to the number of client-sessions. | | | |
| d2. **Number of single-family client sessions.**[1]<br>Single family client-sessions are the aggregate number of persons present at *all* single family sessions held during the year. Family members include spouses, parents, and children plus other relatives who live in the same household. Each family member present is counted as a client-session. Other unrelated persons may be present, but these persons are not counted. | | | |
| d3. **Number of group- and multiple-family client sessions.**[1]<br>Group and multiple-family client-sessions are the aggregate number of persons present at all group and multiple family sessions held during the year. Group sessions are those in which two or more unrelated individuals or two or more families received a face-to-face service about their own mental health problem or such problems within their family unit. To count the number of client-sessions for a given session enumerate the number of persons (exclusive of staff members) present. For example, if 5 clients are present, this should be counted as 5 client-sessions. If two families are present, the first with 2 members and the second with 3, a total of 5 client-sessions would be reported. | | | |
| e. **Number of partial care visits.**<br>Partial care visits are the aggregate number of visits for persons who attend partial care programs of usually 3 hours or more. A single visit may include more than one session. For example, if one person attended both a morning and afternoon session and another attended a morning session only, each person would have 1 partial care visit or a total of 2 visits. | | | |

---

[1] *If your mental health organization has a separately staffed emergency unit, report appropriate counts under column 3; otherwise include these counts under the outpatient program element.*

(8A) **NUMBER OF STAFF AND SCHEDULED WEEKLY STAFF HOURS.**

Complete the table below for all staff working in your mental health organization. Report staff paid directly by your organization in columns 1–6 and those paid by an out side source in columns 7–12. Enter the number of staff and *scheduled* weekly staff hours for the week of August 15-21, 1982. Round hours to whole numbers. For further instructions on employees to be included or excluded and which types of employees to include under staff categories 9–12, see instruction sheet.

| DISCIPLINE/TRAINING OF STAFF | EMPLOYEES PAID BY YOUR ORGANIZATION | | | | | | EMPLOYEES PAID BY OUTSIDE SOURCES | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Regular staff | | | | Students, trainees, residents and/or interns | | Regular staff | | | | Students, trainees, residents and/or interns | |
| | Full-time (35 hrs. or more) | | Part-time (less than 35 hrs.) | | | | Full-time (35 hrs. or more) | | Part-time less than 35 hrs.) | | | |
| | Persons (1) | Staff hours (2) | Persons (3) | Staff hours (4) | Persons (5) | Staff hours (6) | Persons (7) | Staff hours (8) | Persons (9) | Staff hours (10) | Persons (11) | Staff hours (12) |
| 1. Psychiatrists | | | | | | | | | | | | |
| 2. Other Physicians | | | | | | | | | | | | |
| 3. Psychologists—Ph.D. or Ed.D. | | | | | | | | | | | | |
| 4. Psychologists—Masters | | | | | | | | | | | | |
| 5. Social Workers—MSW & above | | | | | | | | | | | | |
| 6. Other Social Workers | | | | | | | | | | | | |
| 7. Registered Nurses – Masters & above | | | | | | | | | | | | |
| 8. Registered Nurses – Less than Masters | | | | | | | | | | | | |
| 9. Other Mental Health Workers, B.A. & above | | | | | | | | | | | | |
| 10. Other Mental Health Workers, less than B.A. | | | | | | | | | | | | |
| 11. Other Physical Health professionals & assistants | | | | | | | | | | | | |
| 12. Administrative and support staff | | | | | | | | | | | | |
| 13. Paid Patient-employees | | | | | | | | | | | | |
| 14. TOTAL ALL STAFF (1–13) | | | | | | | | | | | | |

⑨ **NUMBER OF VOLUNTEERS AND VOLUNTEER HOURS.**

Enter below the number of full- and part-time volunteers who worked in your organizations during the week of August 15-21, 1982.

| VOLUNTEERS | | | |
|---|---|---|---|
| *Full-time (35 hours or more)* | | *Part-time (less than 35 hours)* | |
| Persons | Staff hours | Persons | Staff hours |
| | | | |

⑩ **OPERATING EXPENSES FOR THIS MENTAL HEALTH ORGANIZATION**

Year ending: 1. ☐ 6/30/81 2. ☐ 12/31/81 3. ☐ Other (Specify): ____________________

| | AMOUNT TO NEAREST 100 DOLLARS |
|---|---|
| a. Salaries of personnel (include salaries of all personnel and paid consultants *including fringe* benefits and payroll taxes). | |
| b. Contract expenses for clinical services to clients of this organization. | |
| c. All other operating expenses (exclude estimated value of in-kind services and total capital expenses. Include depreciation, direct and indirect expenses, and wages to clients, if appropriate) | |
| d. TOTAL EXPENSES (Sum of a + b + c above) | |

⑪ **SUPPLEMENTAL INFORMATION** – Use this space or an additional sheet if more space is needed, to elaborate on any of the information supplied elsewhere on this form. Indicate question number to which your comments refer.

⑫ Specify the code assigned by your State to your organization for reporting purposes. If no number is assigned, leave blank. The number should be right justified with the rightmost digit appearing in column 10. For example the entry 41537 would be recorded in columns 6–10.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)

⑬ **OTHER IDENTIFYING INFORMATION**

Person completing this form ____________________ Name ____________________ Area code – Telephone number

Director ____________________ Signature of Director

# Appendix E

## Sample Survey Forms—National Institute of Mental Health

# Sample Survey—1969

**FORM 1**

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

## SURVEY OF ADDITIONS TO INPATIENT SERVICE

**State and County Mental Hospitals**

Budget Bureau No. 68-S69056
Approval Expires 12-31-69

*For NIMH Use Only*

| INSTRUCTIONS | QUESTIONS | |
|---|---|---|
| 1. Enter case number assigned by hospital to this patient. | **1. PATIENT NUMBER:** | |
| 2. Date patient was admitted, readmitted, returned from long-term leave, or was transferred to the inpatient service of this facility. | **2. DATE OF THIS ADDITION:** | *(Month)* *(Day)* *(Year)* |
| 3. Enter four digits for year, for example, enter "1935" not "35". | **3. DATE OF BIRTH:** | *(Month)* *(Year)* |
| | **4. SEX:** | 1 ☐ Male 2 ☐ Female |
| | **5. RACE:** | 1 ☐ White 2 ☐ Negro 3 ☐ Other |
| | **6. VETERAN:** | 1 ☐ Yes 2 ☐ No 3 ☐ Unknown |
| 6 & 7. Complete only for males. Count as veterans all persons who have been on active duty with the Armed Services of the U.S. including the Coast Guard. If the answer to question 6 is no or unknown, skip to question 8. | **7. MOST RECENT WARTIME SERVICE:** | 1 ☐ Vietnam (Aug. 5, 1964 to present)<br>2 ☐ Korea (June 26, 1950 to Jan. 31, 1955)<br>3 ☐ WW II or earlier<br>4 ☐ Unknown<br>5 ☐ No Wartime Service |
| 8. **Married** - Persons currently married including those previously widowed or divorced. Classify common law marriage as "Married".<br>**Never Married** - Persons who have never been married.<br>**Widowed** - Persons widowed and not remarried.<br>**Separated or Divorced** - Persons divorced (or having annulments) and not remarried; persons who have a legal separation, or who have parted due to marital discord. | **8. MARITAL STATUS:** | 1 ☐ Married *(Including Common Law Marriage)*<br>2 ☐ Never Married<br>3 ☐ Widowed<br>4 ☐ Separated or Divorced *(Include Annulled)* |
| 9. Circle highest grade of formal education completed. Do not count correspondence courses, vocational, trade or business schools or on-the-job training. If the person has not attended the regular school system but has attended special education classes, check "special education". If a person has received regular schooling, but outside of the regular school system (e.g., tutoring, foreign schooling) check the equivalent grade of education completed. | **9. FORMAL EDUCATION:** | 1 ☐ None 2 ☐ Special Education<br>Grade School 1 2 3 4 5 6 7 8<br>High School 9 10 11 12<br>College and Graduate 1 2 3 4 5+ |
| 10. Report total income for the preceding 12 months of all family members (including the patient) living together, before deductions for income tax, social security, and other deductions. Report both wage or salary income, self-employment earnings, and other income such as rents from boarders, interest on dividends, social security benefits, pensions, veteran's payments, and public assistance or other governmental payments.<br>Count as family members parents, spouse, children, and other relatives living in the patient's household. If the person does not live in a family, but lives alone, with unrelated individuals, in a rooming or boarding house, etc., report the individual's total income. | **10. ANNUAL GROSS INCOME OF FAMILY:** | 1 ☐ No Current Income<br>2 ☐ Under $3,000<br>3 ☐ $3,000–4,999<br>4 ☐ $5,000–6,999<br>5 ☐ $7,000–9,999<br>6 ☐ $10,000–14,999<br>7 ☐ $15,000–24,999<br>8 ☐ $25,000 + |
| 11. Enter the number of persons wholly or partially dependent on the income reported in question 10, including persons who may not live in the household (e.g., persons away at school). | **11. NUMBER OF PERSONS DEPENDENT ON THIS INCOME:** | *(Including wage earners)* |

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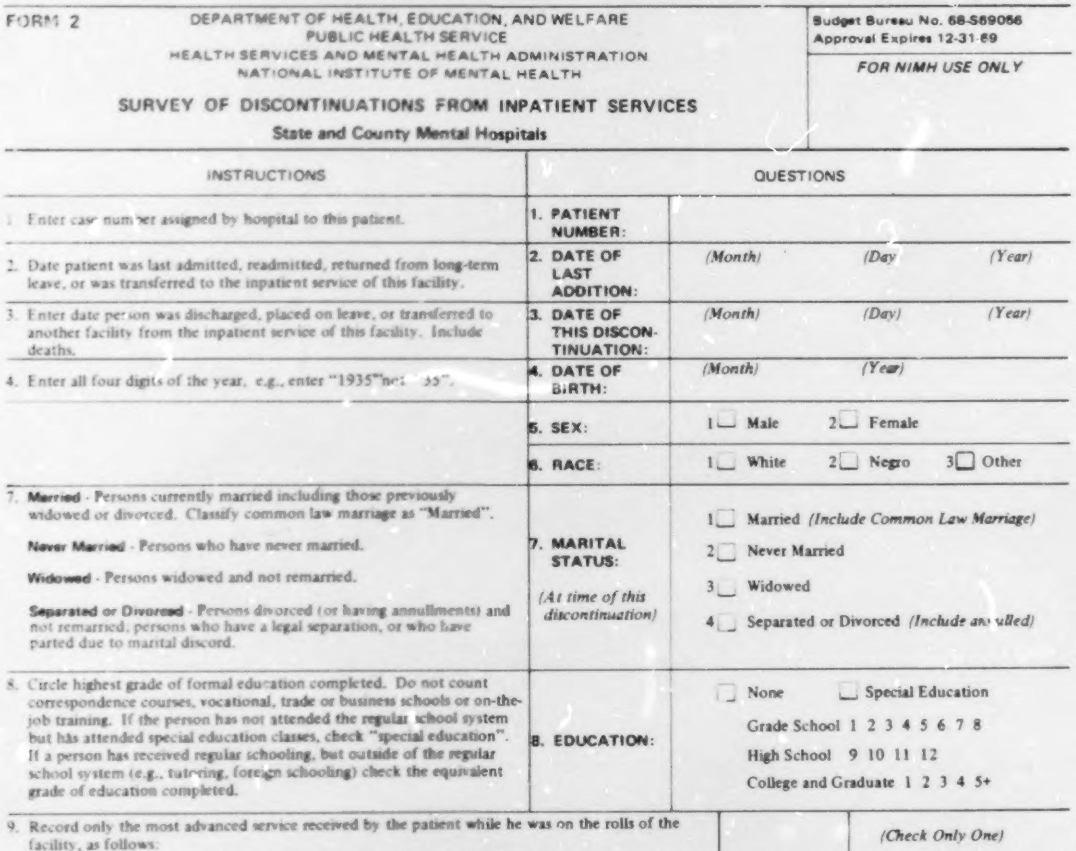
PLEASE COMPLETE REVERSE SIDE

| INSTRUCTIONS | QUESTIONS |
|---|---|
| 12. If box 10, "Other" is checked, please specify the *type* of facility (e.g., alcoholism clinic) not the name of the facility. Check box 3, "VA Psychiatric Hospital" if the person has received care in either a VA neuropsychiatric hospital or the psychiatric service of a VA general hospital. If the person has had a previous episode of care in the inpatient service of this hospital, check box 1, "State Mental Hospital". | **12. PREVIOUS PSYCHIATRIC CARE:** *(Check all that apply)*<br>1 ☐ State Mental Hospital<br>2 ☐ Private Mental Hospital<br>3 ☐ VA Psychiatric Hospital<br>4 ☐ General Hospital Psychiatric Service<br>5 ☐ Inpatient Mental Retardation Facility<br>6 ☐ Comprehensive Community Mental Health Center<br>7 ☐ Outpatient Psychiatric Clinic<br>8 ☐ Day/Night Mental Health Facility<br>9 ☐ Private Psychiatrist<br>10 ☐ Other *(Specify)* ____________________<br>____________________<br>11 ☐ None |
| 13a. An inpatient episode of care is defined as an interval of treatment which begins with an admission, readmission, transfer, or return from long-term leave, and ends with a discharge, placement on leave, or transfer.<br>An outpatient episode of care is ended at the date of the last interview. | **13a. In the twelve month period prior to this current admission, how many episodes of psychiatric care has this patient experienced?** *(If none, enter "0" and go to question 14)*<br>____________________<br>**13b. How many of these were as an inpatient in a state or county mental hospital?** __________ |
| 14. Enter the primary diagnosis at time of this addition or shortly thereafter.<br>Check in 14b whether this was a firm or established diagnosis, a provisional diagnosis, or an impression. If unknown, check "unknown". If undiagnosed, check "undiagnosed". If the person is found to be without mental disorder, check "without mental disorder". | **14a. PRIMARY DIAGNOSIS:** ____________________<br>**APA CODE** ___ ___ ___ . ___ ___<br>**14b. THIS DIAGNOSIS IS:**<br>1 ☐ Established<br>2 ☐ Provisional<br>3 ☐ An Impression<br>4 ☐ Unknown<br>5 ☐ Undiagnosed<br>6 ☐ Without Mental Disorder |

MH-186-1 (Back)
Rev. 8-69

# Sample Survey—1969



FORM 2

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

Budget Bureau No. 68-S69066
Approval Expires 12-31-69

*FOR NIMH USE ONLY*

## SURVEY OF DISCONTINUATIONS FROM INPATIENT SERVICES

**State and County Mental Hospitals**

| INSTRUCTIONS | QUESTIONS | |
|---|---|---|
| 1. Enter case number assigned by hospital to this patient. | **1. PATIENT NUMBER:** | |
| 2. Date patient was last admitted, readmitted, returned from long-term leave, or was transferred to the inpatient service of this facility. | **2. DATE OF LAST ADDITION:** | *(Month)* *(Day)* *(Year)* |
| 3. Enter date person was discharged, placed on leave, or transferred to another facility from the inpatient service of this facility. Include deaths. | **3. DATE OF THIS DISCONTINUATION:** | *(Month)* *(Day)* *(Year)* |
| 4. Enter all four digits of the year, e.g., enter "1935" not "35". | **4. DATE OF BIRTH:** | *(Month)* *(Year)* |
| | **5. SEX:** | 1☐ Male 2☐ Female |
| | **6. RACE:** | 1☐ White 2☐ Negro 3☐ Other |
| 7. **Married** - Persons currently married including those previously widowed or divorced. Classify common law marriage as "Married".<br>**Never Married** - Persons who have never married.<br>**Widowed** - Persons widowed and not remarried.<br>**Separated or Divorced** - Persons divorced (or having annullments) and not remarried; persons who have a legal separation, or who have parted due to marital discord. | **7. MARITAL STATUS:**<br>*(At time of this discontinuation)* | 1☐ Married *(Include Common Law Marriage)*<br>2☐ Never Married<br>3☐ Widowed<br>4☐ Separated or Divorced *(Include annulled)* |
| 8. Circle highest grade of formal education completed. Do not count correspondence courses, vocational, trade or business schools or on-the-job training. If the person has not attended the regular school system but has attended special education classes, check "special education". If a person has received regular schooling, but outside of the regular school system (e.g., tutoring, foreign schooling) check the equivalent grade of education completed. | **8. EDUCATION:** | ☐ None ☐ Special Education<br>Grade School 1 2 3 4 5 6 7 8<br>High School 9 10 11 12<br>College and Graduate 1 2 3 4 5+ |

| | | |
|---|---|---|
| 9. Record only the most advanced service received by the patient while he was on the rolls of the facility, as follows:<br>**Intake** - Application, screening or intake interviews followed by the decision not to proceed to diagnostic or treatment services. Include instances where the patient withdrew before service beyond intake could be provided; or it was decided that service beyond intake was inappropriate or unavailable; or referral was made to another facility before diagnostic or evaluative service or treatment had been given.<br>**Diagnostic & Evaluative** - Evaluation of the patient and his problems (mental, intellectual, emotional and/or environmental). Evaluative service is primarily to aid a referring agency (school, social agency, physician, court, etc.) in planning for the patient. Do not include those situations in which treatment was provided.<br>**Treatment** - Include all instances in which treatment was provided. Treatment may or may not have followed diagnostic study and may or may not have been completed as planned. If this category is checked, type of treatment must be specified in item 10. | **9. TYPE OF SERVICE RECEIVED.** | *(Check Only One)*<br>1☐ Intake<br>2☐ Diagnostic/Evaluative<br>3☐ Treatment<br>4☐ Other *(Specify)*<br>________<br>________ |
| 10. **No Treatment** - No formal treatment services provided.<br>**Individual Therapy** - Any form of treatment based on a one-to-one patient-therapist relationship regardless of the discipline of the therapist.<br>**Family Therapy** - Planned therapeutic sessions involving the patient and his family. Family members are defined as parents, spouse, children, or other relatives living in the same household.<br>**Group Therapy** - Planned therapeutic sessions involving group dynamics or interaction among a number of patients.<br>**Drug Therapy** - Psychotropic (e.g., tranquilizing or energizing drugs).<br>**Rehabilitative Therapy** - Rehabilitation of a social or vocational nature.<br>**Electro-Shock Therapy** - Self explanatory.<br>**Therapy thru Collateral** - Treatment through another person (e.g., treating child through parent). | **10. TYPE OF TREATMENT RECEIVED:** | *(Check All That Apply)*<br>1☐ No Treatment<br>2☐ Individual Therapy<br>3☐ Family Therapy<br>4☐ Group Therapy<br>5☐ Drug Therapy<br>6☐ Rehabilitative Therapy<br>7☐ Electro-shock Therapy<br>8☐ Therapy thru Collateral<br>9☐ Other *(Specify)*<br>________ |

MH-186-3
Rev. 8-69

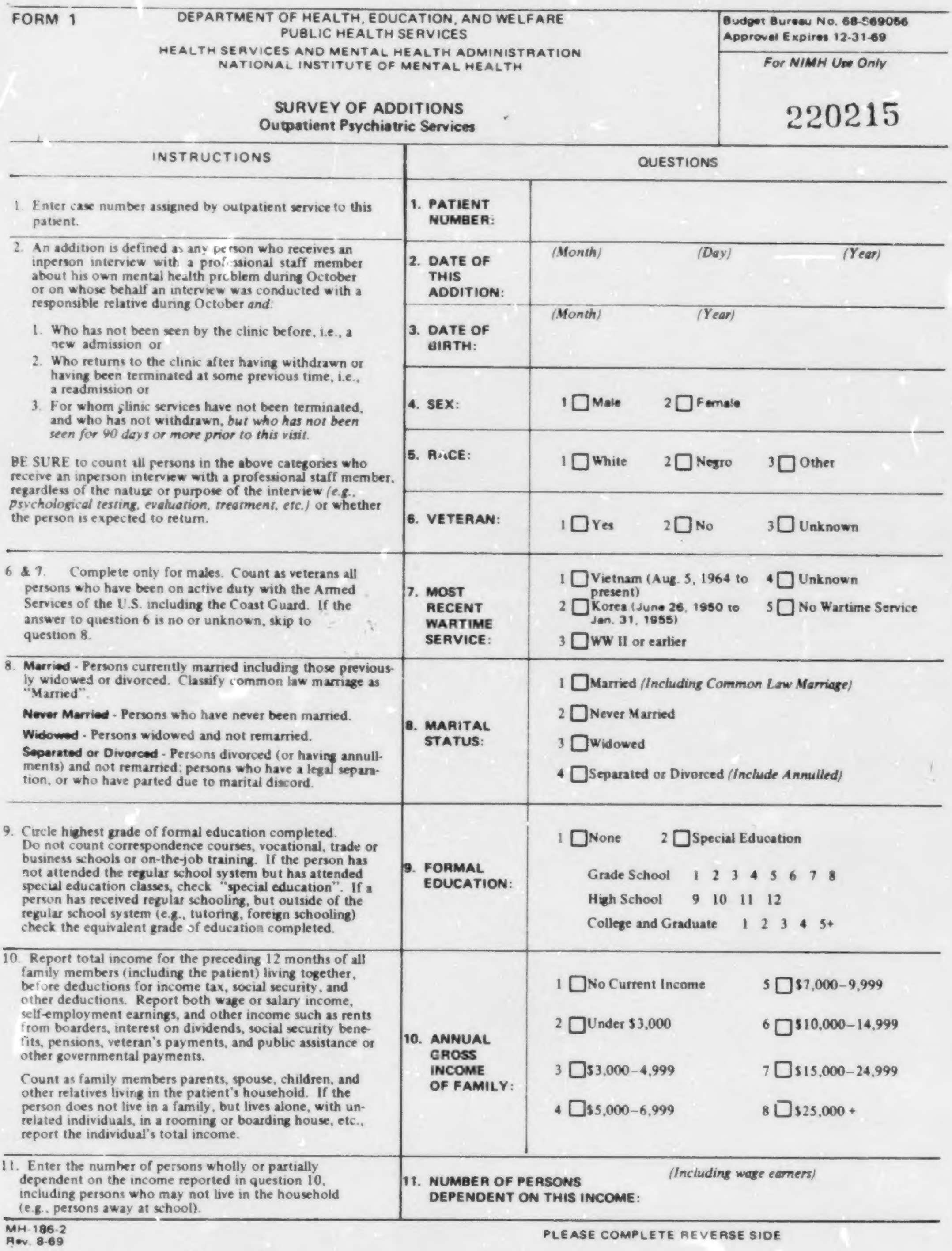
PLEASE COMPLETE OTHER SIDE

| INSTRUCTIONS | QUESTIONS |
|---|---|
| 11.<br>**Placed on extended leave**: Include patients placed on long-term leave, family care, trial visit and other forms of long-term leave.<br>**Transferred to another facility**: Self-explanatory.<br>**Transferred to another service in this hospital**: For example, persons transferred to the outpatient service.<br>**Discharged**: Include all persons who were discharged, including conditional discharge. | **11. Disposition of Case:**<br>*(Check only one)*<br>1☐ Placed on Extended Leave<br>2☐ Transferred to Another Facility<br>3☐ Transferred to Another Service *(not inpatient)* in This Hospital<br>4☐ Discharged<br>5☐ Died while an inpatient |
| 12.<br>**Mental Hospital**: Public and private mental hospitals including VA neuropsychiatric hospitals.<br>**General Hospital**: Public and private general hospitals with or without special psychiatric units including VA general hospitals.<br>**Special Education**: Public or private school classes for mentally retarded or emotionally disturbed children.<br>**Day Training Center**: For school age children excluded from special education classes to prepare for special class admission, providing basic training and aiding parents.<br>**Sheltered Workshop**: Employment for mentally ill and/or retarded patients reinforced by guidance and support.<br>**Community Mental Health Center**: Those facilities funded under the Federal Community Mental Health Centers Act of 1963 which provide inpatient, outpatient, partial hospitalization and emergency services. | **12. Referred to:**<br>*(Check all that apply)*<br>1☐ No referral<br>2☐ Mental Hospital<br>3☐ General Hospital<br>4☐ Nursing Home or Home for the Aged<br>5☐ Resident Treatment Center for emotionally Disturbed Children<br>6☐ Institution for Mentally Retarded<br>7☐ Court/Correctional Agency<br>8☐ Halfway House or Other Transitional Facility<br>9☐ Outpatient Psychiatric Clinic<br>10☐ Mental Health Day/Night Facility<br>11☐ Special Education<br>12☐ Day Training Center<br>13☐ Sheltered Workshop<br>14☐ Private Mental Health Professional<br>15☐ General Practitioner<br>16☐ Comprehensive Community MH Center<br>17☐ Public Health or Welfare Agency<br>18☐ Vocational Rehabilitation Agency<br>19☐ Other *(Specify)* ____________________ |
| 13. Enter number of days patient spent in hospital, excluding days on weekend or overnight pass, during this stay (that is, the interval between the dates given in questions 2 and 3). Count the day of admission as one whole day; do **NOT** count the day of discontinuation. | **13. Number of Days Spent in Hospital During This Stay:** ____________ |
| 14. List the final diagnoses at discontinuation, showing the primary or underlying diagnosis on line a, and any other secondary diagnoses on lines b and c. Use the second edition of the *American Psychiatric Association Diagnostic and Statistical Manual.* | **14. Psychiatric Diagnosis:**<br>NAME — CODE<br>a. Primary ____________ — __ __ __.__ __<br>b. Other ____________ — __ __ __.__ __<br>c. Other ____________ — __ __ __.__ __ |
| 15. Enter all significant physical conditions. If none, enter "none". Use the *International Classification of Diseases,* adapted for use in the United States, Eighth Revision. | **15. Significant Physical Conditions:**<br>NAME — CODE<br>a. ____________ — __ __ __.__ __<br>b. ____________ — __ __ __.__ __<br>c. ____________ — __ __ __.__ __ |

MH-186-3 (Back)
Rev. 8-69

HEW-Lex

# Sample Survey—1969



| FORM 1 | DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE<br>PUBLIC HEALTH SERVICES<br>HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION<br>NATIONAL INSTITUTE OF MENTAL HEALTH<br><br>SURVEY OF ADDITIONS<br>Outpatient Psychiatric Services | Budget Bureau No. 68-S69056<br>Approval Expires 12-31-69<br>*For NIMH Use Only*<br>220215 |
|---|---|---|

| INSTRUCTIONS | QUESTIONS | |
|---|---|---|
| 1. Enter case number assigned by outpatient service to this patient. | **1. PATIENT NUMBER:** | |
| 2. An addition is defined as any person who receives an inperson interview with a professional staff member about his own mental health problem during October or on whose behalf an interview was conducted with a responsible relative during October *and*:<br>1. Who has not been seen by the clinic before, i.e., a new admission or<br>2. Who returns to the clinic after having withdrawn or having been terminated at some previous time, i.e., a readmission or<br>3. For whom clinic services have not been terminated, and who has not withdrawn, *but who has not been seen for 90 days or more prior to this visit.*<br>BE SURE to count all persons in the above categories who receive an inperson interview with a professional staff member, regardless of the nature or purpose of the interview *(e.g., psychological testing, evaluation, treatment, etc.)* or whether the person is expected to return. | **2. DATE OF THIS ADDITION:** | *(Month)* *(Day)* *(Year)* |
| | **3. DATE OF BIRTH:** | *(Month)* *(Year)* |
| | **4. SEX:** | 1 ☐ Male 2 ☐ Female |
| | **5. RACE:** | 1 ☐ White 2 ☐ Negro 3 ☐ Other |
| | **6. VETERAN:** | 1 ☐ Yes 2 ☐ No 3 ☐ Unknown |
| 6 & 7. Complete only for males. Count as veterans all persons who have been on active duty with the Armed Services of the U.S. including the Coast Guard. If the answer to question 6 is no or unknown, skip to question 8. | **7. MOST RECENT WARTIME SERVICE:** | 1 ☐ Vietnam (Aug. 5, 1964 to present)<br>2 ☐ Korea (June 26, 1950 to Jan. 31, 1955)<br>3 ☐ WW II or earlier<br>4 ☐ Unknown<br>5 ☐ No Wartime Service |
| 8. **Married** - Persons currently married including those previously widowed or divorced. Classify common law marriage as "Married".<br>**Never Married** - Persons who have never been married.<br>**Widowed** - Persons widowed and not remarried.<br>**Separated or Divorced** - Persons divorced (or having annullments) and not remarried; persons who have a legal separation, or who have parted due to marital discord. | **8. MARITAL STATUS:** | 1 ☐ Married *(Including Common Law Marriage)*<br>2 ☐ Never Married<br>3 ☐ Widowed<br>4 ☐ Separated or Divorced *(Include Annulled)* |
| 9. Circle highest grade of formal education completed. Do not count correspondence courses, vocational, trade or business schools or on-the-job training. If the person has not attended the regular school system but has attended special education classes, check "special education". If a person has received regular schooling, but outside of the regular school system (e.g., tutoring, foreign schooling) check the equivalent grade of education completed. | **9. FORMAL EDUCATION:** | 1 ☐ None 2 ☐ Special Education<br>Grade School 1 2 3 4 5 6 7 8<br>High School 9 10 11 12<br>College and Graduate 1 2 3 4 5+ |
| 10. Report total income for the preceding 12 months of all family members (including the patient) living together, before deductions for income tax, social security, and other deductions. Report both wage or salary income, self-employment earnings, and other income such as rents from boarders, interest on dividends, social security benefits, pensions, veteran's payments, and public assistance or other governmental payments.<br>Count as family members parents, spouse, children, and other relatives living in the patient's household. If the person does not live in a family, but lives alone, with unrelated individuals, in a rooming or boarding house, etc., report the individual's total income. | **10. ANNUAL GROSS INCOME OF FAMILY:** | 1 ☐ No Current Income<br>2 ☐ Under $3,000<br>3 ☐ $3,000–4,999<br>4 ☐ $5,000–6,999<br>5 ☐ $7,000–9,999<br>6 ☐ $10,000–14,999<br>7 ☐ $15,000–24,999<br>8 ☐ $25,000 + |
| 11. Enter the number of persons wholly or partially dependent on the income reported in question 10, including persons who may not live in the household (e.g., persons away at school). | **11. NUMBER OF PERSONS DEPENDENT ON THIS INCOME:** | *(Including wage earners)* |

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Rev. 8-69

PLEASE COMPLETE REVERSE SIDE

| INSTRUCTIONS | QUESTIONS |
|---|---|
| 12. If box 10, "Other" is checked, please specify the type of facility (e.g., alcoholism clinic) not the name of the facility. Check box 3, "VA Psychiatric Hospital" if the person has received care in either a VA neuropsychiatric hospital or the psychiatric service of a VA general hospital. | **12. PREVIOUS PSYCHIATRIC CARE:** *(Check all that apply)*<br>1 ☐ State Mental Hospital<br>2 ☐ Private Mental Hospital<br>3 ☐ VA Psychiatric Hospital<br>4 ☐ General Hospital Psychiatric Service<br>5 ☐ Inpatient Mental Retardation Facility<br>6 ☐ Comprehensive Community Mental Health Center<br>7 ☐ Outpatient Psychiatric Clinic<br>8 ☐ Day/Night Mental Health Facility<br>9 ☐ Private Psychiatrist<br>10 ☐ Other *(Specify)* ____<br>11 ☐ None |
| 13a. An inpatient episode of care is defined as an interval of treatment which begins with an admission, readmission, transfer, or return from long-term leave, and ends with a discharge, placement on leave, or transfer.<br>An outpatient episode of care is ended at the date of the last interview. | **13a. In the twelve month period prior to this current admission, how many episodes of psychiatric care has this patient experienced?** *(If none, enter "0" and go to question 14)*<br>____<br>**13b. How many of these were in an outpatient psychiatric clinic or service?** ____ *(Excluding private psychiatrists)* |
| 14. Enter the primary diagnosis at time of this addition or shortly thereafter.<br>Check in 14b whether this was a firm or established diagnosis, a provisional diagnosis, or an impression. If unknown, check "unknown". If undiagnosed, check "undiagnosed". If the person is found to be without mental disorder, check "without mental disorder". | **14a. PRIMARY DIAGNOSIS:** ____<br>**APA CODE** ___ ___ ___ . ___ ___<br>**14b. THIS DIAGNOSIS IS:**<br>1 ☐ Established<br>2 ☐ Provisional<br>3 ☐ An Impression<br>4 ☐ Unknown<br>5 ☐ Undiagnosed<br>6 ☐ Without Mental Disorder |

MH-186-2 (Back)
Rev. 8-69

# Sample Survey—1969

**FORM 2**

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH

Budget Bureau No. 68-S69056
Approval Expires 12-31-69

*For NIMH Use Only*

## SURVEY OF DISCONTINUATIONS

### Outpatient Psychiatric Services or Clinics

| INSTRUCTIONS | QUESTIONS | |
|---|---|---|
| 1. Enter case number assigned by clinic to this patient. | **1. PATIENT NUMBER:** | |
| 2. The date of addition is defined as the date the person received his first inperson interview with a professional staff member (or the date a responsible relative or collateral was seen on behalf of this person) during this current episode of care. | **2. DATE OF ADDITION:** | *(Month)* *(Day)* *(Year)* |
| 3. A discontinuation is defined as any person who has received one or more inperson interviews (at any time, this month or previously) about his own mental health problem or on whose behalf an interview was conducted with a responsible relative and who DURING THE MONTH OF OCTOBER<br>*1) is terminated by the clinic OR*<br>*2) withdraws from the clinic and notifies the clinic of this withdrawal OR*<br>*3) who is still on the rolls of the clinic, and who visited the clinic during the month of July but who has not been seen in the clinic for the interval August 1 – October 31.* | **3a. DATE OF DISCONTINUATION:** | *(Month)* *(Day)* *(Year)* |
| | **3b. DATE OF LAST VISIT AT THIS OUTPATIENT SERVICE:** | *(Month)* *(Day)* *(Year)* |
| 4. Enter all four digits of the year, for example, "1935" not "35" | **4. DATE OF BIRTH:** | *(Month)* *(Year)* |
| | **5. SEX:** | 1☐ Male 2☐ Female |
| | **6. RACE:** | 1☐ White 2☐ Negro 3☐ Other |
| 7. **Married** - Persons currently married including those previously widowed or divorced. Classify common law marriage as "Married".<br>**Never Married** - Persons who have never married.<br>**Widowed** - Persons widowed and not remarried.<br>**Separated or Divorced** - Person divorced (or having annullments) and not remarried; persons who have a legal separation, or who have parted due to marital discord. | **7. MARITAL STATUS:**<br>*(At time of this discontinuation)* | 1☐ Married *(Include Common Law Marriage)*<br>2☐ Never Married<br>3☐ Widowed<br>4☐ Separated or Divorced *(Include Annulled)* |
| 8. Circle highest grade of formal education completed. Do not count correspondence courses, vocational, trade or business schools or on-the-job training. If the person has not attended the regular school system but has attended special education classes, check "special education". If a person has received regular schooling, but outside of the regular school system (e.g., tutoring, foreign schooling) check the equivalent grade of education completed. | **8. EDUCATION:** | 1☐ None 2☐ Special Education<br>Grade School 1 2 3 4 5 6 7 8<br>High School 9 10 11 12<br>College and Graduate 1 2 3 4 5+ |
| 9. Record only the most advanced service received by the patient while he was on the rolls of the facility, as follows:<br>**Intake** - Application, screening or intake interviews followed by the decision not to proceed to diagnostic or treatment services. Include instances where the patient withdrew before service beyond intake could be provided; the clinic decided that service beyond intake was inappropriate or unavailable; or referral was made to another facility before diagnostic or evaluative service or treatment had been given.<br>**Diagnostic & Evaluative** - Evaluation of the patient and his problems (mental, intellectual, emotional and/or environmental). Evaluative service is primarily to aid a referring agency (school, social agency, physician, court, etc.) in planning for the patient. Do not include those situations in which treatment was provided.<br>**Treatment** - Include all instances in which treatment was provided. Treatment may or may not have followed diagnostic study and may or may not have been completed as planned. If this category is checked, type of treatment must be specified in item 10. | **9. TYPE OF SERVICE RECEIVED:** | *(Check Only One)*<br>1☐ Intake<br>2☐ Diagnostic/Evaluative<br>3☐ Treatment<br>4☐ Other *((Specify)*<br>__________<br>__________ |

MH-186-4
Rev. 8-69

PLEASE COMPLETE REVERSE SIDE

10. **No Treatment** - No formal treatment services provided.

**Individual Therapy** - Any form of treatment based on a one-to-one patient-therapist relationship regardless of the discipline of the therapist.

**Family Therapy** - Planned therapeutic sessions involving the patient and his family. Family members are defined as parents, spouse, children, or other relatives living in the same household.

**Group Therapy** - Planned therapeutic sessions involving group dynamics or interaction among a number of patients.

**Drug Therapy** - Psychotropic [e.g., tranquilizing or energizing drugs].

**Rehabilitative Therapy** - Rehabilitation of a social or vocational nature.

**Electro-shock Therapy** - Self-explanatory.

**Therapy thru Collateral** - Treatment through another person [e.g., treating child through parent].

**10. TYPE OF TREATMENT RECEIVED:**

*(Check all that apply)*

1☐ No Treatment
2☐ Individual Therapy
3☐ Family Therapy
4☐ Group Therapy
5☐ Drug Therapy
6☐ Rehabilitative Therapy
7☐ Electro-shock Therapy
8☐ Therapy thru Collateral
9☐ Other *(Specify)* ____________________

____________________

**11. DISPOSITION OF CASE:**

1☐ Patient Withdrew
2☐ Patient Died
3☐ Facility Terminated Without Referral
4☐ Facility Terminated With Referral

12. **Mental Hospital** - Public and private mental hospitals including VA neuropsychiatric hospitals.

**General Hospital** - Public or private general hospitals with or without special psychiatric units including VA general hospitals.

**Special Education** - Public or private school classes for mentally retarded or emotionally disturbed children.

**Day Training Center** - For school age children excluded from special education classes to prepare for special class admission, providing basic training and aiding parents.

**Sheltered Workshop** - Employment for mentally ill and/or retarded patients reinforced by guidance and support.

**Community Mental Health Center** - Those facilities funded under the Federal Community Mental Health Centers Act of 1963 which provide inpatient, outpatient, partial hospitalization and emergency services.

**12. REFERRED TO:** *(Check all that apply)*

1☐ No Referral
2☐ Mental Hospital
3☐ General Hospital
4☐ Nursing Home or Home for the Aged
5☐ Residential Treatment Center for Emotionally Disturbed Children
6☐ Institution for Mentally Retarded
7☐ Court/Correctional Agency
8☐ Halfway House or Other Transitional Facility
9☐ Other Outpatient Psychiatric Clinic or Service
10☐ Mental Health Day/Night Facility
11☐ Special Education
12☐ Day Training Center
13☐ Sheltered Workshop
14☐ Private Mental Health Professional
15☐ General Practitioner
16☐ Comprehensive Community MH Center
17☐ Public Health or Welfare Agency
18☐ Vocational Rehabilitation Agency
19☐ Other (*(Specify)*

____________________

13. Report the total number of visits person made to this outpatient service during this episode of care. A visit is defined as attendance at the outpatient treatment service by a patient or a collateral for any of the following reasons: individual therapy session, family therapy session, group therapy session, psychological testing, intake services, evaluation, receipt of medication.

The number of visits should be based on the number of persons present , withour regard to the number of staff members involved or the discipline of the staff members as shown in the following examples:

| EXAMPLE | VISITS COUNTED |
|---|---|
| 1. One patient sees one staff member ...... | One |
| 2. One patient and spouse see one staff member ............................ | Two |
| 3. One patient and spouse see two staff members during one visit ............... | Two |
| 4. Four patients attend one group therapy session with one staff member ........... | Four |
| 5. Four patients attend one group therapy session with two staff members ........... | Four |
| 6. Mother of patient sees one staff member ...... | One |
| 7. Parents of patient see one staff member ...... | Two |

*Examples* of visits which should be counted are: Application and other intake interviews, physical examinations, psychological interviews and testing, psychiatric examinations, therapeutic services, counseling. .Also an interview with a collateral (including a representative of another agency) about the patient.

*Examples* of services which should not be counted as visits are: casual contacts, telephone interviews, written communications, cancelled appointments, staff case conferences, interviews or consultation with other agencies or professionals about their patients.

**13. NUMBER OF OUTPATIENT VISITS:** ____________________

14. List the final diagnoses at discontinuation, showing the primary or underlying diagnosis on line a, and any other secondary diagnoses on lines b and c. Use the second edition of the *American Psychiatric Association Diagnostic and Statistical Manual.*

**14. PSYCHIATRIC DIAGNOSIS:**

|  | NAME | CODE |
|---|---|---|
| a. Primary | ____________________ | __ __ __.__ __ |
| b. Other | ____________________ | __ __ __.__ __ |
| c. Other | ____________________ | __ __ __.__ __ |

MH-186-4 (Back)
8-69

# Sample Survey—1970

| | | |
|---|---|---|
| DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE<br>PUBLIC HEALTH SERVICE<br>HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION<br>**NATIONAL INSTITUTE OF MENTAL HEALTH<br>AND<br>THE NATIONAL ASSOCIATION OF PRIVATE PSYCHIATRIC HOSPITALS** | FORM APPROVED<br>OMB No. 68-S70064<br>**NOVEMBER INPATIENT ADDITIONS SURVEY** | **ADDITIONS FORM 1** |

| | | |
|---|---|---|
| NIMH NUMBER | PATIENT NAME AND/OR HOSPITAL CASE NUMBER | |
| | *After completing form, tear here and return to NIMH* | HOSPITAL CASE NUMBER |

| INSTRUCTIONS | QUESTIONS |
|---|---|
| 1. Date patient was admitted, readmitted, returned from long-term leave, or was transferred to the inpatient service of this facility. | 1. **DATE OF THIS ADDITION** *Day* ________ *Month* ________<br>2. **SEX:** 1☐ Male 2☐ Female<br>3. **AGE AS OF LAST BIRTHDAY** ________<br>4. **ETHNIC GROUP:** 1☐ White 2☐ Negro 3☐ Other *(Specify):* ________ |
| 5. **Married** - Persons currently married for the first time, including first "common law" marriages.<br>**Remarried** - Persons currently married after having been previously widowed or divorced, or having had previous marriage annulled. Include second or any subsequent "common law" marriages.<br>**Widowed** - Persons widowed and not remarried.<br>**Divorced/Annulled** - Persons divorced or having annullment and not remarried.<br>**Separated** - Persons who have a legal separation or who have parted due to marital discord.<br>**Never Married** - Persons who have never been married. | 5. **PRESENT MARITAL STATUS:**<br>1☐ Married<br>2☐ Remarried<br>3☐ Widowed<br>4☐ Divorced/Annulled<br>5☐ Separated<br>6☐ Never Married<br>7☐ Unknown |
| 6a. *Examples of Living Arrangements:*<br>A patient who resided by himself in a house, apartment, or single room in a hotel or rooming house is "Living Alone."<br>A patient living with husband, 2 children, and mother-in-law should be checked as "Spouse Present," "Children Present," and "Other Relative Present."<br>A patient who is a lodger, "live-in" employee, foster child, or who shares living quarters with friends should be checked as "Living with Non-relatives."<br>A patient who resided in another institution such as State mental hospital, institution for mentally retarded, nursing home, prison, etc. should be checked as "Living in Institution."<br>A patient who resided in such places as college dormitory, flophouse, convent, etc., should be checked as "Living in Other Group Quarters." | 6a. **LIVING ARRANGEMENT AT TIME OF ADDITION** *(Check ALL which apply):*<br>1☐ Spouse Present<br>2☐ Parent(s) Present<br>3☐ Children Present<br>4☐ Sibling(s) Present<br>5☐ Other Relatives Present<br>6☐ Living with Non-relative(s)<br>(1–6: Go to 6b)<br>7☐ Living Alone<br>8☐ Living in Institution<br>9☐ Living in Other Group Quarters<br>10☐ Unknown<br>(7–10: Go to 7)<br>6b. **NUMBER OF PERSONS LIVING IN HOUSEHOLD AT TIME OF ADDITION** *(Including Patient)*<br>No.: ________ |

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PLEASE COMPLETE REVERSE SIDE

| INSTRUCTIONS | QUESTIONS |
|---|---|
| 7. Check the one facility, type of agency, or individual that referred the patient to this facility or recommended that he apply for service. If the patient learned of this facility from a general medium of communication such as newspaper or radio, check "Self." Check only the one source felt to be most meaningful in the judgment of the interviewer. | 7. **SOURCE OF REFERRAL:** *(Check only one)*<br>1 ☐ Self<br>2 ☐ Family or Friend<br>3 ☐ Clergy<br>4 ☐ School<br>5 ☐ Police (Except Court or Correction Agency)<br>6 ☐ Private Psychiatrist<br>7 ☐ Other Private Physician<br>8 ☐ Other Private Therapist<br>9 ☐ Mental Health Center<br>10 ☐ Union Health Plan<br>11 ☐ Private Psychiatric Hospital<br>12 ☐ State or County Psychiatric Hospital<br>13 ☐ General Hospital Psychiatric Unit<br>14 ☐ General Hospital Other Unit<br>15 ☐ Nursing Home<br>16 ☐ Psychiatric Clinic<br>17 ☐ Other Psychiatric Facility<br>18 ☐ Institution for Retarded<br>19 ☐ Other Retardation Facility<br>20 ☐ Court or Correction Agency<br>21 ☐ Public Health or Welfare Agency<br>22 ☐ Division of Vocational Rehabilitation<br>23 ☐ Voluntary Agency<br>24 ☐ Other *(Specify)*:<br>25 ☐ Unknown |
| 8. **Student** - A person enrolled as a fulltime student at any level<br>**Blue Collar Worker** - Include craftsmen and kindred workers, operatives, transport equipment operators, farmers and farm managers, laborers and foremen, service workers, and private household workers.<br>**White Collar Worker** - Include professional, technical and kindred workers; managers and administrators, except farm; sales workers, clerical and kindred workers. *If the patient is currently unemployed, retired, or not working, enter his usual occupation.*<br>**For married females**, enter the husband's occupational class.<br>**For separated, divorced, annulled, widowed or never married females**, enter her usual occupational class. | 8. **OCCUPATION CLASS:**<br>1 ☐ Student<br>2 ☐ Blue Collar<br>3 ☐ White Collar<br>4 ☐ Unknown |

COMMENTS:

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# Sample Survey—1970

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION
NATIONAL INSTITUTE OF MENTAL HEALTH
AND
THE NATIONAL ASSOCIATION OF PRIVATE
PSYCHIATRIC HOSPITALS

FORM APPROVED
OMB No. 68-S70064

FOLLOW-UP OF NOVEMBER
INPATIENT ADDITIONS SURVEY

FORM 3

NIMH NUMBER

PATIENT NAME AND/OR HOSPITAL CASE NUMBER

*After completing form, tear here and return to NIMH*

HOSPITAL CASE NUMBER

**1 Date of discharge, death, or placement on long-term leave**
*Month* *Day* *Year*

**3 Disposition of case**
1 ☐ Discharged or placed on long-term leave *(Go to 4)*
2 ☐ Died *(Go to 6)*

**INSTRUCTIONS FOR QUESTION 2a–2b**

Record only the most advanced service received by the patient while he was on the rolls of the facility, as follows:

**Intake** – Application, screening or intake interviews followed by the decision not to proceed to diagnostic or treatment services. Include instances where the patient withdrew before service beyond intake could be provided; the clinic decided that service beyond intake was inappropriate or unavailable; or referral was made to another facility before diagnostic or evaluative service or treatment had been given.

**Diagnostic & Evaluative** – Evaluation of the patient and his problems *(mental, intellectual, emotional and/or environmental).* Evaluative service is primarily to aid a referring agency *(school, social agency, physician, court, etc.)* in planning for the patient. Do not include those situations in which treatment was provided.

**Treatment** – Include all instances in which treatment was provided. Treatment may or may not have followed diagnostic study and may or may not have been completed as planned. If this category is checked, type of treatment must be specified in item 2b.

**Individual Therapy** – Any form of treatment based on a one-to-one patient-therapist relationship regardless of the discipline of the therapist.

**Family Therapy** – Planned therapeutic sessions involving the patient and his family. Family members are defined as parents, spouse, children, or other relatives living in the same household.

**Group Therapy** – Planned therapeutic sessions involving group dynamics or interaction among a number of patients.

**Drug Therapy** – Psychotropic *(e.g., tranquilizing or energizing drugs).*

**Rehabilitative Therapy** – Rehabilitation of a social or vocational nature.

**Therapy thru Collateral** – Treatment through another person *(e.g., treating child through parent).*

**2a Type of service received during this episode** *(See definition above - Check only one)*
1 ☐ Intake Only *(Go to 3)*
2 ☐ Dx or Evaluation Only *(Go to 3)*
3 ☐ Treatment *(Go to 2b)*

**2b TYPE OF TREATMENT**

| PRIMARY | SECONDARY | *(Mark one primary and all secondary which apply. See definitions above.)* |
|---|---|---|
| 1 ☐ | 11 ☐ | Individual Therapy |
| 2 ☐ | 12 ☐ | Family Group Sessions |
| 3 ☐ | 13 ☐ | Group Sessions |
| 4 ☐ | 14 ☐ | Drug Therapy |
| 5 ☐ | 15 ☐ | Rehabilitative Services |
| 6 ☐ | 16 ☐ | Electric Shock Therapy |
| 7 ☐ | 17 ☐ | Insulin Therapy |
| 8 ☐ | 18 ☐ | Milieu Therapy |
| 9 ☐ | 19 ☐ | Therapeutic Community |
| 10 ☐ | 20 ☐ | Other *(Specify)* ________ |

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**4 Patient was referred to:** *(Check all that apply)*
1 ☐ None

INPATIENT:
2 ☐ Private Psych. Hospital
3 ☐ State and County Psychiatric Hospital
4 ☐ V.A. Hospital
5 ☐ Mental Health Center
6 ☐ General Hospital Psychiatric Unit
7 ☐ General Hospital Other Unit
8 ☐ Institution for Retarded
9 ☐ Other Retardation Facility
10 ☐ Hostel or Halfway House
11 ☐ Nursing Home

ALL OTHER:
12 ☐ Residential Treatment Center For Children
13 ☐ Partial Hospital
14 ☐ Outpatient Psychiatric Service
15 ☐ Private Psychiatrist
16 ☐ Other Private Physician
17 ☐ Other Private Therapist
18 ☐ Day Training Center
19 ☐ Sheltered Workshop
20 ☐ Vocational Training
21 ☐ School, Special Class
22 ☐ Court or Correction Agency
23 ☐ Public Health or Welfare Agency
24 ☐ Voluntary Agency
25 ☐ Clergy
26 ☐ Other *(Specify)* ________

**5 Reason for discharge** *(Indicate the single most important reason)*
1 ☐ Achieved maximum hospital benefits
2 ☐ Physical illness
3 ☐ Lack of funds to pay for services
4 ☐ Patient or family withdrawal
5 ☐ Lack of expected benefit from further treatment
6 ☐ Other *(Specify)* ________

**6 Primary psychiatric diagnosis**
APA DSM II CODE __ __ __ . __ __
NAME ________

**7 Accompanying physical diagnosis if any** *(Report only primary diagnosis. Do not enter surgical operations performed.)*
ICDA CODE __ __ __ . __ __
NAME ________

**8 Patient given therapeutic pass during hospitalization** *(E.g., weekend or overnight pass)*
1 ☐ Yes 2 ☐ No 3 ☐ Does not apply

PLEASE COMPLETE REVERSE SIDE

**9** Enter number of days patient spent in hospital excluding days on weekend or overnight pass, during this stay. Count the day of admission as one whole day; do NOT count the day of discontinuation.

**Total Number of Days Spent in Hospital During This Stay** ________

**ANSWER 10a and b FOR AGE 65 OR OVER** *(If under 65, go to 12)*

**10a** COVERED BY MEDICARE PART A:

1 ☐ Yes *(Go to 11)* 2 ☐ No *(Go to 10b, then to 12)*

**10b** NOT COVERED BY PART A BECAUSE:

- 1 ☐ has not been out of a hospital or an extended care facility for 60 consecutive days
- 2 ☐ hospital not certified for participation in Medicare
- 3 ☐ has exhausted 190 lifetime limit
- 4 ☐ patient did not apply for Medicare
- 5 ☐ Other *(Specify)* ________

**11** **Number of days of care covered by Medicare during this episode**

________

**12** **Source of hospital payment** *(Enter percent paid by each. If actual percent is not available, estimates are acceptable. Total must equal 100%)*

1) ____% Self, family
2) ____% Medicare, Part A
3) ____% Medicare, Part B
4) ____% Medicaid
5) ____% CHAMPUS
6) ____% VA
7) ____% Blue Cross
8) ____% Commercial Insurance
9) ____% State Vocational Rehabilitation
10) ____% Other Group Plans
11) ____% Other *(Specify)* ________

________

**13** **Education** Check only one. *(If a person has received regular schooling, but outside of the regular school system, e.g., tutoring, foreign schooling, check the equivalent grade of education completed.)*

- 1 ☐ None
- 2 ☐ Some grade school
- 3 ☐ Completed grade school
- 4 ☐ Some high school
- 5 ☐ Completed high school
- 6 ☐ Some college
- 7 ☐ Completed college
- 8 ☐ Graduate school *(attended or completed)*
- 9 ☐ Vocational, business, or technical *(attended or completed)*
- 10 ☐ Special education
- 11 ☐ Unknown

**14** **Previous psychiatric care prior to this episode** *(Check all that apply)*

1 ☐ None 2 ☐ Unknown

**INPATIENT**

- 3 ☐ This Facility
- 4 ☐ Private Psychiatric Hospital
- 5 ☐ State and County Psychiatric Hospital
- 6 ☐ Mental Health Center
- 7 ☐ General Hospital
- 8 ☐ V.A. Hospital
- 9 ☐ Institution for Retarded
- 10 ☐ Res. Treatment Center
- 11 ☐ Other *(Specify)* ________

**ALL OTHER**

- 12 ☐ This Facility
- 13 ☐ Mental Health Center
- 14 ☐ Nursing Home
- 15 ☐ Psychiatric Clinic
- 16 ☐ Other Psychiatric Facility
- 17 ☐ Private Psychiatrist
- 18 ☐ Other Private Therapist
- 19 ☐ Retardation Facility
- 20 ☐ School, Special Class
- 21 ☐ Hostel or Halfway House
- 22 ☐ Penal Institution
- 23 ☐ Other *(Specify)* ________

COMMENTS

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# Sample Survey—1971

**American Hospital Association**
SURVEY OF GENERAL HOSPITAL INPATIENT
PSYCHIATRIC UNIT DISCHARGES – 1971

**Form 2 – Patient Data**

Form Approved
OMB No. 68-S71088

**№ 335**

| Item No. | Questions, Instructions, and Definitions | Response: Please record response or check appropriate box. |
|---|---|---|
| 1. | **AHA HOSPITAL NUMBER** *(For AHA Use Only)* | |
| 2. | **LINE NUMBER OF PATIENT** from Form 1 listing booklet. | __ __ __ |
| 3. | **DATE OF DISCONTINUATION** from the inpatient Psychiatric Unit. | 0 2/__ __/7 1 |
| 4. | **DATE OF ADMISSION** to the inpatient Psychiatric Unit. Please report the month as 01 thru 12 and the last two digits of the year. | __ __/__ __/__ __<br>Month Day Year |
| 5. | **DAYS IN INPATIENT PSYCHIATRIC UNIT**: Enter the number of days the patient spent in the Inpatient Psychiatric Unit, excluding days on week-end pass and overnight pass, during this stay. Count the day of admission as one whole day; do *not* count the day of discontinuation. | ____________ Days |
| 6. | **AGE OF PATIENT** at last birthday. | ____________ Years |
| 7. | **SEX OF PATIENT** | 1 ☐ Male 2 ☐ Female |
| 8. | **RACE OF PATIENT** | 1 ☐ White 2 ☐ Black 3 ☐ Other |
| 9. | **MARITAL STATUS OF THE PATIENT:**<br>**Married**: persons currently married, including those previously widowed or divorced. Classify common-law marriages as "married."<br>**Never Married**: persons who have never married.<br>**Widowed**: persons widowed and not remarried.<br>**Divorced/Separated**: persons divorced (or having annulments) and not remarried; persons who have a legal separation, or who have parted due to marital discord. | 1 ☐ Married<br>2 ☐ Never Married<br>3 ☐ Widowed<br>4 ☐ Divorced/Separated |
| 10. | **WAS THE PATIENT REFERRED TO THE INPATIENT PSYCHIATRIC UNIT FROM ANOTHER PART OF *THIS* HOSPITAL?** | 1 ☐ Yes: Go to Item 11<br>2 ☐ No: Go to Item 12 |
| 11. | (If above item is Yes)<br>**WHICH PART OF THIS HOSPITAL?**<br>**(Check only one)** | 1 ☐ Outpatient Psychiatric Services<br>2 ☐ General Medical Service (either inpatient or outpatient)<br>3 ☐ Emergency Service<br>4 ☐ Other (Specify) ____________ |

| Item No. | Questions, Instructions, and Definitions | Response: Please record response or check appropriate box. |
|---|---|---|
| 12. | If the patient was *not* referred from another part of this hospital, check the *one* facility, type of agency, or individual that was most meaningful in the referral to this facility.<br>If the patient learned of this facility from a general medium of communication, such as newspaper or radio, check "Self".<br>**(Check only one)**<br>**NOTE:** If Item 10 is Yes, Item 12 does not apply. | 01 ☐ Self, family or friend<br>02 ☐ Clergy<br>03 ☐ School<br>04 ☐ Police (except Court or Correction Agency)<br>05 ☐ Private Psychiatrist<br>06 ☐ Other Private Physician<br>07 ☐ Mental Health Center<br>08 ☐ Private Psychiatric Hospital<br>09 ☐ State or County Psychiatric Hospital<br>10 ☐ Other General Hospital-Psychiatric Unit<br>11 ☐ Other General Hospital-Nonpsychiatric Unit<br>12 ☐ Psychiatric Clinic<br>13 ☐ Nursing Home<br>14 ☐ Other Psychiatric Facility<br>15 ☐ Court or Correction Agency<br>16 ☐ Public Health or Welfare Agency<br>17 ☐ Division of Vocational Rehabilitation<br>18 ☐ Voluntary Agency<br>19 ☐ Other (Specify) ____________<br>20 ☐ Unknown |

13. **PSYCHIATRIC DIAGNOSIS:**

List the final diagnoses at discharge showing the primary or underlying diagnosis on line a., and any other secondary diagnoses on lines b. and c. Use the second edition of the *American Psychiatric Association Diagnostic and Statistical Manual* to express the diagnosis and DSM-II Code. If this manual is not available in your hospital, please report the complete diagnosis *only*.

**DSM-II Code Only**

a. Primary ______________________ ___ ___ ___.___ ___ Primary

b. Other ______________________ ___ ___ ___.___ ___ Other

c. Other ______________________ ___ ___ ___.___ ___ Other

14. **PHYSICAL CONDITIONS PRESENT:**

List below the physical conditions present.
Do not include surgical procedures or operations.
Use the ICDA – 8th Revision.

**ICDA Code**

a. ______________________ ___ ___ ___.___

b. ______________________ ___ ___ ___.___

c. ______________________ ___ ___ ___.___

| Item No. | Questions, Instructions, and Definitions | Response: Please record response or check appropriate box. |
|---|---|---|
| 15. | DISPOSITION OF CASE: | 1 ☐ Discharged from unit or placed on extended leave, with NO referral. (Go to item 17)<br>2 ☐ Discharged or transferred from unit or placed on extended leave, WITH referral. (Go to Item 16)<br>3 ☐ Died (Go to Item 17) |
| 16. | **REFERRAL UPON DISCONTINUATION:**<br>Please note the three main categories of referrals:<br>**another unit of this hospital;**<br>***inpatient* care *outside* this hospital;**<br>**and other referrals outside of this hospital.**<br>**(Check all that apply)** | **ANOTHER UNIT OF THIS HOSPITAL**<br>a ☐ Outpatient psychiatric unit<br>b ☐ General medical service (either inpatient or outpatient)<br>c ☐ Other (Specify) ______<br>**INPATIENT CARE OUTSIDE THIS HOSPITAL**<br>d ☐ Mental Hospital<br>e ☐ Mental Health Center<br>f ☐ General Hospital Psychiatric Unit<br>g ☐ General Hospital Other Unit<br>h ☐ Institution for Retarded<br>i ☐ Other Retardation Facility<br>j ☐ Hostel or Halfway House<br>k ☐ Nursing Home<br>l ☐ Residential Treatment Center<br>**OTHER REFERRALS OUTSIDE THIS HOSPITAL**<br>m ☐ Partial Hospitalization<br>n ☐ Outpatient Psychiatric Service<br>o ☐ Private Psychiatrist<br>p ☐ Other Private Physician<br>q ☐ Day Training Center<br>r ☐ Sheltered Workshop<br>s ☐ Vocational Training<br>t ☐ School, Special Class<br>u ☐ Court or Correction Agency<br>v ☐ Public Health or Welfare Agency<br>w ☐ Voluntary Agency<br>x ☐ Clergy<br>y ☐ Other (Specify) ______ |

| Item No. | Questions, Instructions, and Definitions | Response: Please record response or check appropriate box. |
|---|---|---|
| 17. | **TOTAL CHARGES:**<br>Total charges rendered by the hospital to the patient for the stay in the inpatient Psychiatric Unit. Include room and board, ancillary services, and personal charges. Exclude any charges from previous admissions. | $ ____________ . ______ |
| 18. | Do total charges include billing for, or on behalf of, staff psychiatrists or psychologists (excluding residents or interns)? | 1 ☐ Yes: Go to Item 19<br>2 ☐ No: Go to Item 20 |
| 19. | If yes, please report the amount of this billing. | $ ____________ . ______ |
| 20. | **SOURCES OF RECEIVED OR EXPECTED PAYMENT:** | |
| | a. Personal Payment .......................... | $ ____________ . ______ |
| | b. Blue Cross .................................... | $ ____________ . ______ |
| | c. Commercial Insurance ...................... | $ ____________ . ______ |
| | d. Medicare ...................................... | $ ____________ . ______ |
| | e. Medicaid ....................................... | $ ____________ . ______ |
| | f. Other (Specify) ____________________ | $ ____________ . ______ |
| | g. Amount written off by hospital ............... | $ ____________ . ______ |

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# Appendix F

## Mental Health Statistical Notes, Mental Health Service System Reports, and Other Publications* of the National Institute of Mental Health, Divison of Biometry and Epidemiology

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**Single copies of these reports are available from the Survey and Systems Research Branch*

## Mental Health Statistical Notes

1 Predictions of the Resident Patient Population in Public Mental Hospitals Based on a Gompertz Curve
2 Increase in General Hospital Psychiatric Inpatient Services
3 Veterans in Public Mental Hospitals, November 1967
4 Expenditures Per Patient in Free Standing Outpatient Psychiatric Clinics, 1967
5 Provisional Data on Source of Funds and Expenditures Mental Health Facilities, 1967
6 Mental Health Day/Night Treatment Programs, 1967
7 State Variations in the Diagnostic Distribution of First Admissions State and County Mental Hospitals, 1967
8 Projected Age-Diagnostic Composition of the Resident Patient Population in State and County Mental Hospitals, 1973
9 Changes in the Median Age of the Resident Patient Population in State and County Mental Hospitals, 1955—1973
10 State Variations in the Diagnostic Distribution of Resident Patients State and County Mental Hospitals, 1967
11 Residential Treatment Centers for Emotionally Disturbed Children, 1968
12 Staffing and Expenditure Patterns in Community Mental Health Centers, 1968–69
13 Age-Sex-Diagnostic Distribution of Additions to Community Mental Health Centers, 1968
14 State Trends in First Admissions and Resident Patients, State and County Mental Hospitals, 1966–1968
15 Utilization of General Hospital Psychiatric Units in Selected States, 1968
16 Percent Distribution of Schizophrenic Resident Patients by Age, State and County Mental Hospitals, 1968 and 1973 (Projected)
17 State Trends in First Admissions and Resident Patients Public Institutions for the Mentally Retarded, 1964–68
18 Percent Distribution of First Admissions and Resident Patients with Mental Deficiency by Type of Facility (State and County Mental Hospitals and Public Institutions for Mentally Retarded) by Age, United States, 1968
19 Trends in First Admissions and Resident Patients Under 18 Years of Age by Diagnosis, Selected States, 1966–68
20 Length of Stay, State and County Mental Hospitals, Selected States
21 Variation in Utilization of Psychiatric Inpatient Units in General Hospitals by Size of Unit and Hospital Control
22 Expenditures Per Patient in Free-Standing Outpatient Psychiatric Clinics, 1968
23 Changes in the Distribution of Patient Care Episodes, 1955—1968 by Type of Facility
24 Expenditures in Private Mental Hospitals and Residential Treatment Centers for Emotionally Disturbed Children, 1968
25 State and County Mental Hospital Services, 1970
26 Transitional Mental Health Facilities—General Characteristics and Caseload
27 Transitional Mental Health Facilities—Expenditures and Source of Funds
28 Transitional Mental Health Facilities—Staffing Patterns
29 Halfway Houses for Alcoholics
30 The Cost of Mental Illness, 1968
31 Alcoholism Among Male Admissions to Psychiatric Inpatient Services, 1968
32 Admission Rates by Age, Sex, and Marital Status, State and County Mental Hospitals, 1969
33 Admissions to State and County Mental Hospitals by Previous Care in These Hospitals, United States, 1969
34 Admission Rates by Highest Grade of School Completed, State and County Mental Hospitals, 1969
35 Admission Rates by Marital Status, Outpatient Psychiatric Services, 1969
36 Differential Utilization of Outpatient Psychiatric Services by Whites and Non-Whites, 1969
37 Staffing Patterns in Community Mental Health Centers, 1970
38 Caseload of Federally Funded Community Mental Health Centers, 1969

39 Admissions by Previous State or County Hospital Care and Diagnosis, State and County Mental Hospitals, 1969
40 Provisional Patient Movement and Administrative Data, State and County Mental Hospitals, July 1, 1969—June 30, 1970
41 Admission Rates to State and County Mental Hospitals by Age, Sex, and Color, United States, 1969
42 Expenditures and Source of Funds, Federally Funded Community Mental Health Centers, 1969
43 Consultation and Education Services Community Mental Health Centers, 1970
44 General Hospital Psychiatric Inpatient Units, 1969–70
45 Distribution of Psychiatric Beds by Geographic Division, 1970
46 Admission Rates by Highest Grade of School Completed, Outpatient Psychiatric Services, 1969
47 Admission Rates by Family Income Level, Outpatient Psychiatric Services, 1969
48 Admissions to Outpatient Psychiatric Services, 1969, by Age, Sex, and Diagnosis
49 Diagnostic Distribution of Inpatient Admissions to State and County Mental Hospitals, 1969
50 Characteristics of Patients by Type of Outpatient Clinic, United States, 1969
51 Staff and Manhours in Mental Health Facilities in the United States, 1970
52 Staffing of State and County Mental Hospitals, 1970
53 Admissions to State and County Mental Hospitals by Previous Psychiatric Care, United States, 1969
54 Admission to Outpatient Psychiatric Services by Previous Psychiatric Care, United States, 1969
55 Changes in Age-Sex-Diagnostic Composition of First Admissions to State and County Mental Hospitals, 1962–69
56 Staffing of Free-Standing Outpatient Psychiatric Clinics, January 1970
57 Referral of Discontinuations From Inpatient Services of State and County Mental Hospitals, United States, 1969
58 Distribution of Patient Care Episodes in Mental Health Facilities, 1969
59 Age-Sex-Diagnostic Distribution of Additions to Community Mental Health Centers, 1969
60 Provisional Patient Movement and Administrative Data, State and County Mental Hospital Inpatient Services, July 1, 1970—June 30, 1971
61 Trends in Terminations From Outpatient Psychiatric Services
62 Comparison of Psychiatric Diagnosis on Admission to and Separation From Psychiatric Facilities
63 Accessibility of Community Mental Health Centers
64 Expenditures in Federally Funded Community Mental Health Centers, 1970
65 Source of Funds Federally Funded Community Mental Health Centers, 1970
66 Discontinuations per 100 Average Resident Patients, Inpatient Services of State Mental Hospitals, by Age and Diagnosis, Nine Selected States, 1969
67 Whom are Community Mental Centers Serving?
68 Primary Diagnosis of Discharges From General Hospital Psychiatric Inpatient Units, United States, 1970–71
69 Differential Utilization of General Hospital Psychiatric Inpatient Units by Whites and Nonwhites, United States, 1970–71
70 Length of Stay of Discharges From General Hospital Psychiatric Inpatient Units, United States, 1970–71
71 Referral of Persons to and From General Hospital Psychiatric Inpatient Units, United States, 1970–71
72 Age, Sex, and Diagnostic Composition of Resident Patients in State and County Mental Hospitals, United States, 1961—1970
73 Alcoholism Halfway Houses—General Characteristics
74 Length of Stay of Admissions to State and County Mental Hospitals, United States, 1971
75 Admissions to Private Mental Hospitals, 1970
76 Selected Characteristics of Residents in Alcoholism Halfway Houses
77 Provisional Patient Movement and Administrative Data, State and County Mental Hospital Inpatient Services, July 1, 1971—June 30, 1972
78 Differentials in Dollar Payments and Primary Payment Sources, Discharges From Non-Federal General Hospital Psychiatric Inpatient Units, United States, 1970–71
79 Admissions to Outpatient Psychiatric Services by Age, Sex, Color, and Marital Status, June 1970—May 1971
80 Psychiatric Halfway Houses—General Characteristics

81 Differential Utilization of Psychiatric Facilities by Men and Women, United States, 1970

82 Marital Status of Discharges From Psychiatric Inpatient Units of General Hospitals, United States, 1970–71: I. Analysis by Age, Color, and Sex

83 Marital Status of Discharges From Psychiatric Inpatient Units of General Hospitals, United States, 1970–71: II. Analysis by Referral Source, Length of Stay, and Primary Diagnosis

84 Marital Status of Discharges From Psychiatric Inpatient Units of General Hospitals, United States, 1970–71: III. Analysis by Hospital Control

85 Comparison of Actual and Reported Previous Psychiatric Care

86 Center and Catchment Area Variations in the Age, Color, and Sex Distributions of Additions to 69 Selected Community Mental Health Centers, United States, 1971

87 General Characteristics of Additions to Federally Funded Community Mental Health Centers During 1971

88 Additions to Federally Funded Community Mental Health Centers During 1971: Age, Sex, and Diagnostic Differences by Service to Which First Admitted

89 Referrals to and From Federally Funded Community Mental Health Centers, United States, 1971

90 Utilization of Psychiatric Facilities by Persons Under 18 Years of Age, United States, 1971

91 Sources of Funds, Federally Funded Community Mental Health Centers, 1971

92 Patient Care Episodes in Psychiatric Services, United States, 1971

93 Selected Characteristics of Residents in Psychiatric Halfway Houses

94 Outpatient Treatment Services in Federally Funded Community Mental Health Centers, 1971

95 Inpatient Treatment in Federally Funded Community Mental Health Centers, 1971

96 Day Care Services in Federally Funded Community Mental Health Centers, 1971–72

97 Changes in Age, Sex, and Diagnostic Composition of First Admissions to State and County Mental Hospitals, United States, 1962—1972

98 State and Regional Distribution of Psychiatric Beds in 1972

99 Trends in Total Additions and Resident Patients at End of Year in Private Mental Hospitals 1968—1971

100 Marital Status, Living Arrangements, and Family Characteristics of Admissions to State and County Mental Hospitals and Outpatient Psychiatric Clinics, United States, 1970

101 Characteristics of Federally Funded Rural Community Mental Centers in 1971

102 Patients at Federally Funded Rural Community Mental Health Centers in 1971

103 Utilization of Psychiatric Facilities by Persons Diagnosed With Depressive Disorders

104 Admission Rates by Highest Level of Education Attained, State and County Mental Hospitals, 1972

105 Legal Status of Inpatient Admissions to State and County Mental Hospitals, United States, 1972

106 Provisional Patient Movement and Administrative Data, State and County Mental Hospital Inpatient Services, July 1, 1972—June 30, 1973

107 Patterns in Use of Nursing Homes by the Aged Mentally Ill

108 Consultation and Education Services, Federally Funded Community Mental Health Centers, 1973

109 Staffing of State and County Mental Hospitals, United States, 1973

110 Readmissions to Inpatient Services of State and County Mental Hospitals, 1972

111 Age, Sex, and Color Variations in the Diagnostic Distribution of Admissions to Inpatient Services of State and County Mental Hospitals, United States, 1972

112 Changes in the Age, Sex, and Diagnostic Composition of the Resident Population of State and County Mental Hospitals, United States, 1964—1973

113 State Trends in Resident Patients, State and County Mental Hospital Inpatient Services, 1967—1973

114 Provisional Patient Movement and Administrative Data, State and County Mental Hospital Inpatient Services, July 1, 1973—June 30, 1974

115 Children and State Mental Hospitals

116 Utilization of State and County Mental Hospitals by Spanish Americans in 1972

117 Changes in the Age, Sex, and Diagnostic Composition of Additions to State and County Mental Hospitals, United States, 1969—1973

118 State and Regional Distribution of Psychiatric Beds in 1974

119 State Trends in Additions, State and County Mental Hospital Inpatient Services, 1969—1973

120 Marital Status and Age of Male Admissions With Diagnosed Alcohol Disorders to State and County Mental Hospitals in 1972

121 Appropriate Placement of Resident Patients in Texas State Mental Hospitals

122 Staffing of State and County Mental Hospitals, United States, 1974

123 Education Level of Male Admissions With Alcohol Disorders, State and County Mental Hospitals, 1972

124 Characteristics of Diagnosed and Missed Alcoholic Male Admissions to State and County Mental Hospitals, 1972

125 The Cost of Mental Illness, 1974

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